The Power of Gratitude

Introduction

Gratitude can be a powerful ally when trying to improve upon both personal and professional relationships. Gratitude can also be associated with several health benefits, which can improve upon one's overall health and well-being. The question is, how can individuals harness the power of gratitude? This course will answer that very question, while providing health care professionals with insight and recommendations on how to maximize the impact and power of gratitude.

Section 1: Gratitude

Gratitude can be powerful - meaning it can lead to personal, professional, and health benefits that can potentially improve the well-being of all those who can harness its power. The question that remains is, how can individuals harness the power of gratitude? Individuals can harness the power of gratitude by following three key steps, the first of which is to obtain insight into gratitude and the personal and professional benefits of gratitude. With that in mind, this section of the course will provide insight into gratitude, as well as highlight the most significant personal and professional benefits of gratitude. The information found within this section of the course was derived from materials provided by Positive Psychology unless, otherwise, specified (Chowdhury, 2020).

What is gratitude?

Gratitude may refer to a state of thankfulness or appreciation for receiving what is meaningful to oneself.

What are examples of gratitude?

Examples of gratitude that may be observed in health care settings can be found below.

- **Example 1** - Health Care Professional A has questions regarding a medication. Health Care Professional A asks Health Care Professional B about the medication in question. Health care professional B provides Health Care Professional A with important information about the medication in question. Health Care Professional A is thankful for the information. Health care professional A says "Thank you" to Health care Professional B. In return, Health Care Professional B replies, "You're welcome" to Health care professional A.

- **Example 2** - Over the past four weeks Health Care Professional C has been working extra hours and filling in for other health care professionals who have been unable to work due to illness. Health Care Professional C's manager recognizes Health Care Professional C for the extra effort. Health Care Professional C appreciates the recognition.

- **Example 3** - Health Care Professional D is having trouble with a medication dispensing machine. Health Care Professional E observes that Health Care Professional D is having trouble with the medication dispensing machine in question. Health Care Professional E resolves the issue with the medication dispensing machine, and Health Care Professional D is able to retrieve required medications. Health Care Professional D appreciates that Health Care Professional E resolved the issue with the medication dispensing machine and says "Thank you" to Health Care Professional E. In return, Health Care Professional E says, "You're welcome" to Health care professional D.

Is gratitude associated with happiness and well-being?

Research indicates that gratitude is associated with happiness and well-being. Essentially, gratitude can impact optimism, empathy, and self-esteem, all of which can affect happiness and well-being (e.g., improved optimism, empathy, and self-esteem can lead to happiness and well-being).

Health care professionals should note that gratitude can affect the human brain in a manner that may lead to happiness and well-being and/or improved happiness and well-being.

How can gratitude impact optimism?

Optimism may refer to hopefulness and/or confidence regarding future endeavors and/or outcomes. Often gratitude can improve optimism by increasing an individual's positivity, vigor, energy, and interest in working diligently to achieve desired outcomes.

How can gratitude impact empathy?

Empathy may refer to the ability to understand another individual's feelings and/or emotions. Expressing gratitude can open up an individual's emotional expression, perception, and ability to view situations from other individuals' perspectives. Once an individual is capable of emotional expression, perception, and possesses the ability to view situations from other individuals' perspectives, he or she is more likely to experience empathy.

How can gratitude impact self-esteem?

Self-esteem may refer to confidence in one's own abilities; self-respect. Expressing gratitude and receiving expressions of gratitude can build and improve self-esteem.

How can gratitude affect the human brain?

Research indicates that expressing gratitude and receiving expressions of gratitude can lead to the release of dopamine (note: dopamine may refer to a neurotransmitter that plays an important role in many functions of the human body, including the ability to feel pleasure). When individuals express gratitude and receive expressions of gratitude, dopamine is released in the brain, which in turn allows individuals to feel "good" and an overall sense of pleasure. Health care professionals should note that the release of dopamine encourages individuals to repeat behaviors that release dopamine (e.g., expressing gratitude and receiving expressions of gratitude can lead to further expressions of gratitude).

Expressing gratitude and receiving expressions of gratitude can also lead to increased serotonin production (note: serotonin may refer to a chemical that acts as a neurotransmitter responsible for modulating mood, cognition, reward, learning, and memory). Health care professionals should note that serotonin can lead to the perception of feeling happy, the perception of feeling relaxed, improved mood, and mood stabilization.

Additionally, expressing gratitude and receiving expressions of gratitude can lead to increased activity in the medial prefrontal cortex of the brain (note: the medial prefrontal cortex may refer to a region of the brain associated with learning, decision making, and memory).

Finally, expressing gratitude and receiving expressions of gratitude can lead to the activation of the ventromedial prefrontal cortex (note: the ventromedial prefrontal cortex may refer to a region of the brain associated with regulating responses to emotions). Health care professionals should note the following: the ventromedial prefrontal cortex has been linked to altruism; altruism may refer to a principle characterized by a concern and happiness for others; altruistic behavior is often associated with happiness and well-being.

Can gratitude impact interpersonal relationships?

Evidence suggests that gratitude can impact interpersonal relationships. Essentially, gratitude can help individuals create interpersonal bonds, which in turn can foster individuals' ability to forge and improve upon interpersonal relationships (note the term interpersonal relationship may refer to a connection between two or more individuals [e.g., a friendship; an organizational and/or professional team]).

Health care professionals should note that gratitude's impact on interpersonal relationships can help forge and improve upon personal and professional relationships. (i.e., gratitude can promote effective personal and professional relationships that are advantageous to all parties involved).

Can gratitude impact communication?

- Gratitude can impact communication. Specific information regarding gratitude and communication may be found below. The information found below was derived from materials provided by Positive Psychology and the Harvard Public Health Review (Chowdhury, 2020; Ratna, 2019).

- Gratitude can promote effective communication. Specific information regarding effective communication may be found below.

    - Communication may refer to the process of transmitting information and messages from one individual or party to another individual or party in order to obtain meaning and a common understanding.

    - Effective communication occurs when information and messages are adequately transmitted, received, and understood.

    - Health care professionals should note that effective communication may be verbal or nonverbal. Verbal communication may refer to the use of sounds and/or words to transmit information/messages (e.g., one individual says "Hello" to another individual; one individual says, "Yes" or "No" to another individual). Nonverbal communication may refer to the use of gestures, facial expressions, tones of voice, eye contact, body language, posture, and/or other means that do not involve sounds and/or words to transmit information/ messages (e.g., one individual gives another individual the "thumbs up" to indicate satisfaction and/or approval). Health care professionals should also

note that exchanges between individuals or parties may include both verbal and nonverbal communication.

- Effective communication is important in health care facilities because it can be used to foster team work among health care professionals, promote safe and effective health care, and ultimately, optimize patient care.

- Gratitude can improve upon the communication process. Specific information regarding the communication process may be found below.

  - The communication process may refer to the exchange of information and messages from a sender, through a selected channel, to a receiver.

  - The key elements of the communication process include the following: sender, channel, receiver, encoding, decoding, and feedback.

  - **Sender** - the sender, in the context of the communication process, may refer to the individual or party who initiates communication by using sounds, words, gestures, facial expressions, tones of voice, eye contact, body language, posture, and/or other means to transmit a message (i.e., the source that originates a message).

  - **Channel** - the channel, in the context of the communication process, may refer to the medium which is used to carry communication (e.g., verbal messages, nonverbal cues, written words, and/or numbers and symbols).

  - **Receiver** - the receiver, in the context of the communication process, may refer to the individual or party to whom a message is sent (i.e., the audience).

  - **Encode** - the process of selecting sounds, words, gestures, facial expressions, tones of voice, eye contact methods, body language, postures, and/or other means to generate a message.

  - **Decode** - the process of receiving, interpreting, and attempting to understand an encoded message in order to obtain meaningful information.

  - **Feedback** - a receiver's response to a sender's message (i.e., a receiver sends a message to a sender).

  - The essential steps involved in the communication process include the following:

1. A sender has a desire to convey an idea or concept via a message

2. A sender encodes an idea or concept into a message

3. A sender transmits a message via a channel

4. A receiver takes in the message sent by the sender

5. The receiver decodes the message

6. The receiver provides feedback to the sender

- Gratitude can help improve interpersonal communication. Specific information regarding interpersonal communication may be found below.

    - Interpersonal communication may refer to an exchange of information and messages between two or more individuals or parties (note: interpersonal communication may occur in both personal and professional settings).

    - During interpersonal communication, communication typically flows in one direction or in two directions. One-way communication occurs when information is sent in only one direction, from sender to receiver (note: typically, one-way communication is used to inform, persuade, or command). Two-way communication occurs when information is transmitted and flows freely among individuals and parties (i.e., information is sent in a back and forth manner between individuals or parties). Health care professionals should note that two-way communication is often essential to establishing a shared understanding among individuals or parties.

- Gratitude can help improve organizational communication. Specific information regarding organizational communication may be found below.

    - Organizational communication, within the context of this course, may refer to the process of sending and receiving information/messages among interrelated individuals within a given organization, such as a health care facility.

    - Examples of organizational communication within a health care facility may include the following: a health care manager gives instructions to a health care professional; two health care professionals discuss a patient's medications; a health care professional provides education to a group of health care professionals; a health care professional writes another health care

professional a note regarding a patient; health care professionals exchange emails regarding specific interventions.

- Communication typically moves or flows, within an organization, in a vertical and horizontal manner.

- Vertical communication, within the context of organizational communication, may refer to the flow of communication between individuals associated with the same organization who are on different levels of the organization's hierarchy. Health care professionals should note that vertical communication may flow in a downwards or upwards manner. Downward communication occurs when organizational leaders or managers share information with lower-level employees (e.g., a health care manager gives a health care professional instructions). Upward communication occurs when lower-level employees share information with organizational leaders or managers (e.g., a health care professional informs a health care manager of a safety hazard). Health care professionals should also note that vertical communication is essential to creating and maintaining a shared understanding between organizational leaders, managers, and employees.

- Horizontal communication, within the context of organizational communication, may refer to the flow of communication between individuals and/or departments that are on the same level of a given organization (e.g., a health care manager provides information to another health care manager; an intensive care nurse provides another intensive care nurse with relevant patient information). Health care professionals should note that horizontal communication may be an essential element to effective team work within a given health care facility.

Can gratitude impact grievance resolution?

- Due to the impact gratitude can have on interpersonal relationships and communication, it can ultimately impact grievance resolution. Grievances may occur in personal and professional relationships and settings. When a grievance occurs in a professional relationship or setting, it may refer to a matter of concern regarding a potential violation of work-related rights, which is formally submitted, without fear of retaliation, and requires a formal response (Emergency Care Research Institute [ECRI], 2016). In an organizational setting, where a culture of gratitude is well established, gratitude can promote effective and efficient grievance resolution. Specific

information regarding the steps for professional grievance resolution may be found below. The information found below was derived from materials provided by the Emergency Care Research Institute (ECRI) (ECRI, 2016).

- Steps for resolving grievances:

  - **Step 1:** Encourage employees to share concerns and to seek grievance resolution - health care administrators should ensure that all health care facility staff and management encourage employees to share their concerns and to seek grievance resolution. Essentially, the first step towards resolving employee grievances begins well before a formal employee grievance is even submitted. In essence, the first step to resolving employee grievances is to make sure existing employee grievance policies and procedures help establish a professional culture where the voicing of employee concerns and grievances is welcomed by the health care organization and resolved quickly to avoid grievance escalation.

    Health care professionals should note that one of the best methods to promote a professional culture within a health care organization that fosters employee grievance resolution, without fear of retaliation, is to actively engage employees and their concerns and/or grievances. To do so, administrators and management should openly seek feedback from employees, as well as initiate discussions with employees centered around their concerns, grievances, and methods to resolve any issues that may be present within the health care organization. By actively engaging employees and by, ultimately, prompting a professional culture centered around grievance resolution, without fear of retaliation, health care professionals can work towards ensuring employee grievance policies and procedures maintain their effectiveness within their health care organization.

  - **Step 2:** Designate an employee(s) to head or manage the grievance resolution process - every health care organization should have a designated employee(s) to head/manage the process of resolving formal employee grievances. Typically, the designated employee heads/manages the grievance resolution process from beginning to end (i.e., the designated employee handles the grievance resolution process from the time a formal employee grievance is submitted until the time the formal employee grievance is officially resolved). The designated employee may also serve as a contact individual for the employee who submitted the formal employee grievance. Establishing a

contact individual for employees during the grievance resolution process can help foster effective communication, which is often essential to the grievance resolution process.

- **Step 3:** Acknowledge the receipt of a formal employee grievance - if a formal employee grievance is submitted, the health care organization should acknowledge, in some fashion, that the formal employee grievance was received. Doing so can inform the employee, who submitted the formal employee grievance, that the formal employee grievance resolution process was initiated. Additionally, it can indirectly or directly inform the employee that his or her formal employee grievance, in some way, has been heard. The simple truth of the matter is, that when individuals have a concern or grievance, they want to be heard by those in a position to resolve or elevate the concern or grievance. By letting the employee know his or her formal employee grievance was received, it can let the employee know he or she is being heard by those who can work to resolve the grievance. Furthermore, acknowledging the receipt of a formal employee grievance can potentially help avoid or prevent grievance escalation. Often, when individuals feel like their concerns or grievances are not listened to or heard, they escalate the process of voicing their concerns or grievances until they are heard. When individuals escalate the process of voicing their concerns or grievances until they are heard, negative results can occur (e.g., additional grievances, disruptions, disturbances, and intense arguments). Thus, by acknowledging the receipt of a formal employee grievance, health care organizations can let their employees know they are being heard and potentially avoid grievance escalation.

- **Step 4:** Gather information - once the receipt of a formal employee grievance is acknowledged, those responsible for managing the employee grievance resolution process should begin gathering relevant information. Information regarding a grievance may come from many different sources including: the employees involved in the grievance, other employees not directly involved in the grievance, additional witnesses, organizations' policies, as well as state and federal laws. With that said, health care professionals should note that objectivity is necessary when gathering information.

- **Step 5:** Document the process of employee grievance resolution - the employee grievance resolution process should be documented (i.e., the formal grievance, any employee statements, any information relating to grievance

resolution or the grievance decision, as well as the health care organization's formal decision regarding a submitted grievance should be officially documented). Documentation can provide information to employees regarding the grievance resolution process and the health care organization's formal decision. Documentation can also prove to be valuable if any state, federal, or attorney intervention, regarding a grievance, occurs.

- **Step 6:** Formulate a decision - once all relevant information has been gathered and documented, a formal decision regarding an employee grievance must, eventually, be made. Health care professionals should note that formal decisions regarding an employee grievance must be made within the designated time line specified in their organization's employee grievance policies and procedures (e.g., if an organization's employee grievance policies and procedures specify that an official decision regarding an employee grievance must be reached 15 - 30 days after the formal submission of the employee grievance, then the decision should be reached within the aforementioned time period).

- **Step 7:** Follow up with the employee(s) involved in a grievance - once an organization reaches an official decision regarding a grievance, the organization should formally follow up with the employee who submitted the grievance and any employees involved in the grievance (i.e., an organization should provide the employee(s) involved in a formal grievance with documentation).

How can individuals determine if they are adequately expressing gratitude and receiving expressions of gratitude?

- It is important for individuals to determine if they are adequately expressing gratitude and receiving expressions of gratitude. Individuals can determine if they are adequately expressing gratitude and receiving expressions of gratitude by the methods found below. The information found below was derived from materials provided by the Measurement Instrument Database for the Social Sciences (MIDSS) (Measurement Instrument Database for the Social Sciences [MIDSS], 2020).

- First and foremost, individuals can reflect upon how they feel when they are expressing gratitude and receiving expressions of gratitude. If individuals feel improvements in their optimism, empathy, and self-esteem, as well as their overall happiness and well-being, then they are most likely adequately expressing gratitude and receiving expressions of gratitude.

- In addition to personal reflection, individuals can use a simple gratitude rating scale to determine if they are adequately expressing gratitude and receiving expressions of gratitude. Within the context of this course, a simple gratitude rating scale may refer to a numerically based method that may be used by individuals to help rate their level of appreciation and acceptance of gratitude from 0 - 10, with 0 meaning no appreciation/acceptance and 10 meaning the highest level of appreciation/ acceptance. Individuals using a simple gratitude rating scale should note the following: individuals using a simple gratitude rating scale should be honest and accurate when selecting a number; the higher the number, between 0 - 10, the more likely an individual is able to adequately express gratitude and receive expressions of gratitude.

- Individuals can also complete the Gratitude Questionnaire-Six-Item Form (GQ-6) to determine if they are adequately expressing gratitude and receiving expressions of gratitude. The GQ-6 may refer to a six-item, self-report measure that assesses one's disposition to experience gratitude. The GQ-6 consists of the following six statements: I have so much in life to be thankful for; If I had to list everything that I felt grateful for, it would be a very long list; When I look at the world, I don't see much to be grateful for; I am grateful to a wide variety of people; as I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history; Long amounts of time can go by before I feel grateful to something or someone. To effectively complete the GQ-6, individuals should use the following scale to write a number, between one and seven, beside each of the aforementioned statements to indicate how much they agree with the statement: 1=strongly disagree; 2=disagree; 3=slightly disagree; 4=neutral; 5=slightly agree; 6=agree; 7=strongly agree (note: individuals should be honest and accurate when selecting a number to correspond with a statement). Once individuals write a number, between one and seven, beside each of the aforementioned statements, they should then add up their scores for statements 1, 2, 4, and 5. Once individuals add up their scores for statements 1, 2, 4, and 5, they should then reverse their scores for statements 3 and 6 (e.g., if an individual scored a "7," they should give themselves a "1;" if an individual scored a "6," they should give themselves a "2"). Once the scores for statements 3 and 6 are reversed they should be added to the total from statements 1, 2, 4, and 5. Finally, individuals should then interpret their results, which should be a number between 6 and 42, by comparing their total score with the following result interpretation scale: a total score of 41 indicates an individual is in the 75th percentile; a total score below 38 indicates an individual is in the 50th percentile; a

score below 35 indicates an individual is in the 25th percentile. Individuals taking the GQ-6 should note the following: higher total GQ-6 scores are correlated with a higher gratitude disposition - meaning individuals are most likely adequately expressing gratitude and receiving expressions of gratitude.

- Lastly, individuals can complete the revised Gratitude Resentment and Appreciation Test (GRAT) to determine if they are adequately expressing gratitude and receiving expressions of gratitude. The revised GRAT may refer to a 16-item scale designed to measure an individual's dispositional gratitude. The GRAT consists of the following 16 statements: I couldn't have gotten where I am today without the help of many people; Life has been good to me; There never seems to be enough to go around and I never seem to get my share; Often times I have been overwhelmed at the beauty of nature; Although I think it's important to feel good about your accomplishments, I think that it's also important to remember how others have contributed to my accomplishments; I really don't think that I've gotten all the good things that I deserve in life; Every Fall I really enjoy watching the leaves change colors; Although I'm basically in control of my life, I can't help but think about all those who have supported me and helped me along the way; I think that it's important to "stop and smell the roses;" More bad things have happened to me in my life than I deserve; Because of what I've gone through in my life, I really feel like the world owes me something; I think that it's important to pause often to "count my blessings;" I think it's important to enjoy the simple things in life; I feel deeply appreciative for the things others have done for me in my life; For some reason, I don't seem to get the advantages that others get; I think it's important to appreciate each day that you are alive.

To effectively complete the revised GRAT individuals should use the following scale to write a number, between one and nine, beside each of the aforementioned statements to indicate how much they agree with the statement: 1=I strongly disagree; 2=somewhere between I strongly disagree and I disagree somewhat; 3=I disagree somewhat, 4=somewhere between I disagree somewhat and I feel neutral about the statement; 5=I feel neutral about the statement; 6=somewhere between I feel neutral about the statement and I mostly agree with the statement; 7=I mostly agree with the statement; 8=somewhere between I mostly agree with the statement and I strongly agree with the statement; 9=I strongly agree with the statement (note: individuals should be honest and accurate when selecting a number to correspond with a statement). Once individuals write a number, between one and nine, beside each of the aforementioned statements, they should then add up their scores for

statements 1,2, 4, 5, 7, 8, 9, 12, 13, 14, and 16. Once individuals add up their scores for the aforementioned statements, they should then reverse their scores for statements 3, 6, 10, 11, and 15 (e.g., if an individual scored a "9," they should give themselves a "1;" if an individual scored a "8," they should give themselves a "2"). Once the scores for statements 3, 6, 10, 11, and 15 are reversed they should be added to the total from statements 1,2, 4, 5, 7, 8, 9, 12, 13, 14, and 16. Finally, individuals should then interpret their results. Individuals taking the revised GRAT should note that the higher the revised GRAT total score, the more likely an individual is able to adequately express gratitude and receive expressions of gratitude.

Section 1: Summary

The first step to harnessing the power of gratitude is to obtain insight into gratitude and the personal and professional benefits of gratitude. Gratitude may refer to a state of thankfulness or appreciation for receiving what is meaningful to oneself. When gratitude is expressed and received, it can impact optimism, empathy, and self-esteem, as well as have effects on the brain, all of which may lead to happiness and well-being. Additionally, gratitude possesses the potential to improve interpersonal relationships, communication, and grievance resolution. Individuals can determine if they are adequately expressing gratitude and receiving expressions of gratitude through personal reflection, using a simple gratitude rating scale, and by completing a GQ-6 and/or a revised GRAT. Finally, individuals should work to promote gratitude in both personal and professional settings.

Section 1: Key Concepts

- The first step to harnessing the power of gratitude is to obtain insight into gratitude and the personal and professional benefits of gratitude.

- Gratitude is associated with happiness and well-being; gratitude can impact optimism, empathy, and self-esteem, all of which can affect happiness and well-being.

- Gratitude can affect the human brain in a manner that may lead to happiness and well-being and/or improved happiness and well-being.

- Gratitude can help individuals create interpersonal bonds, which in turn can foster individuals' ability to forge and improve upon interpersonal relationships.

- Gratitude can promote effective communication; improve upon the communication process; improve interpersonal communication; and improve organizational communication.

- Due to the impact gratitude can have on interpersonal relationships and communication, it can ultimately, impact grievance resolution.

- Individuals can determine if they are adequately expressing gratitude and receiving expressions of gratitude through personal reflection, using a simple gratitude rating scale, and by completing a GQ-6 and/or a revised GRAT.

Section 1: Key Terms

Gratitude - a state of thankfulness or appreciation for receiving what is meaningful to oneself

Optimism - hopefulness and/or confidence regarding future endeavors and/or outcomes

Empathy - the ability to understand another individual's feeling and/or emotions

Self-esteem - confidence in one's own abilities; self-respect

Dopamine - a neurotransmitter that plays an important role in many functions of the human body, including the ability to feel pleasure

Serotonin - a chemical that acts as a neurotransmitter responsible for modulating mood, cognition, reward, learning, and memory

Medial prefrontal cortex - a region of the brain associated with learning, decision making, and memory

Ventromedial prefrontal cortex - a region of the brain associated with regulating responses to emotions

Altruism - a principle characterized by a concern and happiness for others

Interpersonal relationship - a connection between two or more individuals

Communication - the process of transmitting information and messages from one individual or party to another individual or party in order to obtain meaning and a common understanding

Verbal communication - the use of sounds and/or words to transmit information/ messages

Nonverbal communication - the use of gestures, facial expressions, tones of voice, eye contact, body language, posture, and/or other means that do not involve sounds and/or words to transmit information/messages

Communication process - the exchange of information and messages from a sender, through a selected channel, to a receiver

Sender *(within the context of the communication process)* - the individual or party who initiates communication by using sounds, words, gestures, facial expressions, tones of voice, eye contact, body language, posture, and/or other means to transmit a message

Channel *(within the context of the communication process)* - the medium which is used to carry communication

Receiver *(within the context of the communication process)* - the individual or party to whom a message is sent; the audience

Encode - the process of selecting sounds, words, gestures, facial expressions, tones of voice, eye contact methods, body language, postures, and/or other means to generate a message

Decode - the process of receiving, interpreting, and attempting to understand an encoded message in order to obtain meaningful information

Feedback - a receiver's response to a sender's message

Interpersonal communication - an exchange of information and messages between two or more individuals or parties

Organizational communication *(within the context of this course)* - the process of sending and receiving information/messages among interrelated individuals within a given organization such as a health care facility

Vertical communication *(within the context of organizational communication)* - the flow of communication between individuals associated with the same organization who are on different levels of the organization's hierarchy

Horizontal communication *(within the context of organizational communication)* - the flow of communication between individuals and/or departments that are on the same level of a given organization

Grievance *(within the context of a professional relationship or setting)* - a matter of concern regarding a potential violation of work-related rights, which is formally submitted, without fear of retaliation, and requires a formal response (ECRI, 2016)

Gratitude rating scale *(within the context of this course)* - a numerically based method that may be used by individuals to help rate their level of appreciation and acceptance of gratitude from 0 - 10, with 0 meaning no appreciation/acceptance and 10 meaning the highest level of appreciation/acceptance

Gratitude Questionnaire-Six-Item Form (GQ-6) - a six-item, self-report measure that assesses one's disposition to experience gratitude (MIDSS, 2020)

Revised Gratitude Resentment and Appreciation Test (GRAT) - a 16-item scale designed to measure an individual's dispositional gratitude (MIDSS, 2020)

Section 1: Personal Reflection Question

What are the potential personal and professional benefits of gratitude?

Section 2: The Health Benefits of Gratitude

The second key step to harnessing the power of gratitude is to obtain insight into the potential health benefits of gratitude and how to maximize such benefits. This section of the course will review the potential health benefits of gratitude, while providing insight on how individuals can maximize such benefits. The information found within this section of the course was derived from materials provided by the Centers for Disease Control and Prevention (CDC) unless, otherwise, specified (Centers for Disease Control and Prevention [CDC], 2020).

Stress

- One of the first health benefits that may come to mind when considering gratitude is stress reduction. Gratitude can potentially limit and prevent stress. Gratitude's impact on stress is related to its effects on optimism, empathy, and self-esteem. As previously mentioned, gratitude can improve optimism, empathy, and self-esteem, which in turn can reduce and prevent stress (i.e., when individuals have increased levels of

optimism, empathy, and self-esteem they experience less stress). Gratitude's impact on stress can also be related to its effects on the brain. In essence, when individuals adequately express gratitude and receive expressions of gratitude, they potentially experience less stress.

- Individuals can maximize gratitude's impact on stress by possessing insight into stress and the effects of stress. Specific information regarding stress and the effects of stress may be found below.

- Stress may refer to a factor that causes emotional, physical, or psychological tension.

- Stress can be related to a "negative" event such as an accident, as well as a "positive" event such as a wedding.

- Stress may also arise from a significant life event such as divorce, moving, school graduation, and new employment (note: a significant life event may refer to any major shift in an individual's life).

- Signs/symptoms of stress include the following:

  - Disbelief and shock

  - Tension and irritability

  - Fear and anxiety about the future

  - Difficulty making decisions

  - Feeling numb

  - Loss of interest in normal activities

  - Loss of appetite

  - Nightmares and recurring thoughts about an event

  - Anger

  - Increased use of alcohol and drugs

  - Sadness and other symptoms of depression

  - Feeling powerless

  - Crying

- Sleep problems

- Headaches

- Back pains

- Stomach problems

- Trouble concentrating

- Individuals can cope with stress by connecting socially, staying active, and via support groups.

- Stress can play a role in the development of the following: headaches, high blood pressure, heart disease, diabetes, skin conditions, asthma, arthritis, depression, anxiety, substance abuse, and burn-out.

- Stress is related to burn-out.

- Burn-out may refer to a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed (World Health Organization [WHO], 2019). Health care professionals should note that burn-out is characterized by the following three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy (WHO, 2019). Health care professionals should note that burn-out should be avoided because it can lead to suboptimal patient care, employee turnover, and workplace violence (note: health care professionals can reduce and prevent burn-out by taking designated breaks and by limiting work hours, when applicable) (WHO, 2019).

Depression

- Gratitude can impact depression. Due to gratitude's effects on optimism, empathy, self-esteem, the brain, and, ultimately, happiness and well-being, gratitude can potentially limit and prevent depression.

- Individuals can maximize gratitude's impact on depression by possessing insight into depression and by seeking treatment for depression. Specific information regarding depression and depression treatment options may be found below.

- A depressive disorder may refer to a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference

in daily life (note: anhedonia may refer to a loss of interest in previously enjoyable activities).

- Clinical depression may be caused by a combination of genetic, biological, environmental, and psychological factors. Specific risk factors for depression may include: death or loss, abuse, conflict, stress, and/or significant life events.

- One of the most common forms or types of depressive disorders is major depressive disorder. Major depressive disorder may refer to a form of depression that occurs most days of the week for a period of two weeks or longer leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- Signs/symptoms of a major depressive disorder may include the following:

    - Depressed mood

    - Anhedonia (note: anhedonia may refer to a loss of interest in previously enjoyable activities)

    - Appetite changes

    - Weight changes

    - Sleep difficulties

    - Psychomotor agitation or retardation

    - Fatigue or loss of energy

    - Diminished ability to think or concentrate

    - Feelings of worthlessness or excessive guilt

    - Suicidality

- Major depressive disorder is typically diagnosed by a physician using criteria outlined in the Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (note: to receive a diagnosis of depression, symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning; symptoms must also not be a result of substance abuse or another medical condition).

- Nonpharmacological treatment options for depression include psychotherapy, cognitive behavioral therapy, and support groups.

- Psychotherapy, also known as talk therapy, may refer to the use of psychological techniques and/or psychotherapeutic approaches to help individuals overcome problems and develop healthier habits.

- Cognitive behavioral therapy may refer to a form of psychotherapy which focuses on helping individuals solve problems and create positive outcomes by changing unrealistically negative patterns of thought and behavior.

- Support groups can be used to help those with depression avoid isolation and make connections with other individuals to improve upon symptoms and their quality of life.

- Pharmacological treatment options for depression include medications from the following medication classes: selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), atypical antidepressants, tricyclic antidepressants, and monoamine oxidase inhibitors (MAOIs). Health care professionals should note the following information regarding the medications used to treat depression: it may take several weeks for individuals to feel the benefits of some medications used to treat depression; individuals should not suddenly stop using medications to treat depression due to the potential for depression symptoms; some medications used to treat depression may pose risks during pregnancy; some medications used to treat depression (e.g., Prozac) may increase the risk of suicidal thinking and behavior in children, adolescents, and young adults; health care professionals should monitor individuals for worsening and emergence of suicidal thoughts and behaviors.

Anxiety

- Gratitude can also impact anxiety. Due to gratitude's effects on optimism, empathy, self-esteem, the brain, and, ultimately, happiness and well-being, gratitude can potentially limit and prevent anxiety.

- Individuals can maximize gratitude's impact on anxiety by possessing insight into anxiety and by seeking treatment for anxiety. Specific information regarding anxiety and anxiety treatment options may be found below.

- An anxiety disorder may refer to a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (note: in regards to an anxiety disorder, excessive worry may refer to worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity, and/or situation).

- An anxiety disorder may result from a multitude of different contributors including both genetic and environmental factors. More specific risk factors for anxiety disorders include: trauma, abuse, and stress.

- One of the most common forms or types of anxiety disorders is generalized anxiety disorder. A generalized anxiety disorder may refer to a mental health disorder characterized by excessive anxiety and worry occurring more days than not for at least six months, about a number of events or activities (such as work or school performance), which is difficult to control and leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- Signs/symptoms of a generalized anxiety disorder may include the following:

    - Excessive anxiety

    - Excessive worry

    - Restlessness

    - Persistent feelings of being keyed up or on edge

    - Easily fatigued

    - Difficulty concentrating

    - Mind feeling blank at times (mind going blank)

    - Irritability

    - Muscle tension

    - Sleep difficulties

- Generalized anxiety disorder is typically diagnosed by a physician using criteria outlined in the DSM-5 (note: to receive a diagnosis of anxiety, the anxiety, worry, or

physical symptoms must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning; the disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse; a medication) or another medical condition (e.g., hyperthyroidism); the disturbance is not better explained by another medical disorder).

- Nonpharmacological treatment options for anxiety include: psychotherapy, cognitive behavioral therapy, and support groups.

- Pharmacological treatment options for anxiety include medications from the following medication classes: SSRIs, SNRIs, and benzodiazepines. Health care professionals should note the following information regarding the medications used to treat anxiety: concomitant use of benzodiazepines (e.g., Ativan) and opioids may result in profound sedation, respiratory depression, coma, and death; health care professionals should reserve concomitant prescribing of benzodiazepines and opioids for use in patients for whom alternative treatment options are inadequate; health care professionals should limit dosages and durations to the minimum required; health care professionals should monitor patients for the signs and symptoms of respiratory depression and sedation.

Substance abuse

- Depression and anxiety are often associated with substance abuse. Thus, by impacting depression and anxiety, gratitude can potentially help limit and/or prevent substance abuse.

- Individuals can maximize gratitude's impact on substance abuse by possessing insight into substance abuse. Specific information regarding substance abuse may be found below.

- Substance abuse may refer to the harmful or hazardous use of a psychoactive substance such as alcohol or illicit drugs.

- Health care professionals should make every effort to identify individuals suffering from substance abuse.

- Signs of alcohol and/or illicit drug use may include the following: slurred speech, an active tremor, shakiness, poor coordination, sweating, nausea, vomiting, aggression, agitation, compulsive behavior, craving, red eyes, dry mouth, drowsiness, involuntary eye movements, dilated pupils, nasal congestion, mouth sores, reduced

consciousness, lack of pain sensation, intolerance to loud noise, dizziness, confusion, lack of awareness to surroundings, and needle marks.

- Substance abuse may be associated with binge drinking. Binge drinking is defined as five or more drinks on an occasion (within two or three hours) for men, and four or more drinks on an occasion (within two or three hours) for women.

- Substance abuse may be associated with heavy drinking. Heavy drinking is defined as 15 or more drinks a week for men; eight or more drinks a week for women.

- Substance abuse may be associated with opioid use. Specific information regarding opioids may be found below.

  - Opioids may refer to a class of drugs used to reduce pain.

  - Prescription opioids such as oxycodone, hydrocodone, and morphine can be prescribed by doctors to treat moderate to severe pain - however, they can have serious risks and side effects (e.g., sedation, drowsiness, slowed breathing, addiction, and death).

  - Heroin is an illegal, highly addictive opioid drug. Heroin is typically injected but is also smoked and snorted. When individuals inject heroin, they are at risk for serious, long-term viral infections such as human immunodeficiency virus (HIV), Hepatitis C, and Hepatitis B, as well as bacterial infections of the skin, bloodstream, and heart. Individuals often use heroin along with other drugs or alcohol. The practice of using heroin along with other drugs or alcohol is especially dangerous because it increases the risk of overdose. A heroin overdose can cause slow and shallow breathing, coma, and death.

  - Naloxone is a safe and effective antidote to opioid-related overdoses, including heroin and fentanyl, and is a critical tool in preventing fatal opioid overdoses.

- Substance abuse may be associated with addiction. Addition may refer to the compulsive or uncontrolled use of one or more substances (e.g., alcohol; illicit drugs).

- Substance abuse may be associated with substance use disorder. Substance use disorder may refer to a medical illness caused by repeated misuse of a substance or substances. Health care professionals should note that a substance use disorder is characterized by clinically significant impairments in health, social function, and impaired control over substance use and is diagnosed through assessing cognitive, behavioral, and psychological symptoms.

Suicide Prevention

- Depression, anxiety, and substance abuse are often associated with suicidal ideation and suicide. Thus, by affecting depression, anxiety, and substance abuse, gratitude can potentially impact suicide prevention.

- Individuals can maximize gratitude's impact on suicide prevention by possessing insight into suicidal ideation, suicide, and suicide prevention. Specific information regarding suicidal ideation, suicide, and suicide prevention may be found below. The information found below was derived from materials provided by the CDC and the Joint Commission (CDC, 2018; Joint Commission, 2020).

- Suicidal ideation may refer to thoughts of suicide and/or thoughts of planning suicide. Health care professionals should make every effort to identify the potential for suicide and prevent patient suicide, when applicable.

- Suicide may refer to a death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

- A suicide attempt may refer to a non-fatal, self-directed and potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

- Suicide is one of the leading causes of death in the United States.

- Suicide rates vary by race/ethnicity, age, and other population characteristics. The population groups with some of the highest rates of suicide in the United States include non-Hispanic American Indian/Alaska Natives and non-Hispanic Whites.

- Research indicates that suicide, like other human behaviors, has no single determining cause. Suicide may occur in response to multiple biological, psychological, interpersonal, environmental, and societal influences that interact with one another, often, over time.

- Specific risk factors that may lead to suicide include the following:

  - Individual issues such as: a history of depression and other mental illnesses, hopelessness, substance abuse, certain health conditions, previous suicide attempt, violence victimization and perpetration, and genetic and biological determinants.

- Relationship issues such as: high conflict or violent relationships, sense of isolation and lack of social support, family/ loved one's history of suicide, financial stress, and work stress.

- Community issues such as inadequate community connectedness; barriers to health care (e.g., lack of access to providers and medications).

- Societal issues such as: availability of lethal means of suicide, unsafe media portrayals of suicide, stigma associated with help-seeking, and mental illness.

- Suicide is often connected to other forms of violence. Exposure to violence (e.g., child abuse and neglect, bullying, peer violence, dating violence, sexual violence, and intimate partner violence) is associated with increased risk of depression, post-traumatic stress disorder (PTSD), anxiety, suicide, and suicide attempts.

- Women exposed to partner violence are nearly five times more likely to attempt suicide as women not exposed to partner violence.

- Suicide can be prevented.

- Suicide prevention strategies may include the following:

  - Strengthening economic supports - attempts to strengthen economic supports in order to prevent suicide can include measures to strengthen household financial security and housing.

  - Strengthen access and delivery of suicide care - attempts to strengthen access and delivery of suicide care can include measures to cover mental health conditions in health insurance policies, efforts to reduce provider shortages in underserved areas, and system changes that introduce safer suicide care.

  - Create protective environments - attempts to create protective environments can include: measures to reduce access to lethal means among persons at risk for suicide, the introduction of organizational policies and culture, and the introduction of community-based policies to reduce excessive alcohol use.

  - Promote connectedness - attempts to promote connectedness can include peer programs and community engagement activities.

  - Teach coping and problem-solving skills - attempts to teach coping and problem-solving skills can include social-emotional learning programs and parenting skill and family relationship programs.

- Identify and support people at risk - attempts to identify and support people at risk can include: gatekeeper training, crisis intervention, treatment for people at risk of suicide, and treatment to prevent re-attempts.

- Lessen harms and prevent future risk - attempts to lessen harms and prevent future risk can include safe reporting and messaging about suicide.

- The suicide of a patient while in a staffed, round-the-clock care setting is a frequently reported type of sentinel event. Health care professionals should note the following: health care professionals can work to reduce the risk for patient suicide by following the related elements of care found below.

  - Health care organizations and health care professionals should conduct an environmental risk assessment that identifies features in the physical environment that could be used to attempt suicide, when applicable.

  - Health care organizations and health care professionals should take necessary action to minimize the risk(s) of features in the physical environment that could be used to attempt suicide (e.g., hooks that can be used for hanging); health care organizations should have procedures in place to mitigate the risk of suicide for patients at high risk for suicide (e.g., one-to-one monitoring; removing objects that pose a risk for self-harm if they can be removed without adversely affecting the patient's medical care; assessing objects brought into a room by visitors; using safe transportation procedures when moving patients).

  - Screen all patients for suicidal ideation who are being evaluated or treated for behavioral health conditions as their primary reason for care using a validated screening tool.

  - Use an evidence-based process to conduct a suicide assessment of patients who have screened positive for suicidal ideation (note: the assessment directly asks about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors).

  - Document patients' overall level of risk for suicide and the plan to mitigate the risk for suicide.

  - Follow written policies and procedures addressing the care of patients identified as at risk for suicide (note: related policies and procedures should include the following: training and competence assessment of staff who care

for patients at risk for suicide; guidelines for reassessment; monitoring patients who are at high risk for suicide).

- Follow written policies and procedures for counseling and follow-up care at discharge for patients identified as at risk for suicide.

- Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of patients at risk for suicide and take action as needed to improve compliance.

Physical Activity

- Gratitude can potential encourage individuals to engage in physical activity on a consistent basis. Basically, gratitude's impact on optimism, empathy, self-esteem, the brain, and, ultimately, happiness and well-being can provide individuals with energy and vigor, which in turn can potentially encourage individuals to engage in physical activity on a consistent basis.

- Individuals can maximize gratitude's impact on physical activity by following the recommendations found below. The information found below was derived from materials provided by the U.S. Department of Health and Human Services (U.S. Department of Health and Human Services, 2015).

- Physical activity may refer to any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above a basal level; generally refers to the subset of physical activity that enhances health.

- All adults (note: in the context of physical activity, the term adult may refer to any individual between the ages of 18 to 64 years) should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.

- For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week.

- For additional and more extensive health benefits, adults should increase their aerobic physical activity to 300 minutes (5 hours) a week of moderate-intensity, or

150 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate and vigorous-intensity activity. Additional health benefits are gained by engaging in physical activity beyond this amount.

- Adults should also include muscle-strengthening activities that involve all major muscle groups on 2 or more days a week.

- Older adults should follow the adult guidelines (note: the term older adult may refer to an individual 65 years or older). When older adults cannot meet the adult guidelines, they should be as physically active as their abilities and conditions will allow.

- Older adults should do exercises that maintain or improve balance if they are at risk of falling.

- Older adults should determine their level of effort for physical activity relative to their level of fitness.

- Older adults with chronic conditions should understand whether and how their conditions affect their ability to do regular physical activity safely.

Nutrition

- Much like with physical activity, gratitude can potentially encourage individuals to improve upon their nutrition.

- Individuals can maximize gratitude's potential impact on nutrition by following the recommendations found below. The information found below was derived from materials provided by the U.S. Department of Health and Human Services (U.S. Department of Health and Human Services, 2015).

- Individuals should follow a healthy eating pattern across their lifespan (note: an eating pattern may refer to the combination of foods and beverages that constitute an individual's complete dietary intake over time; an eating pattern may describe a customary way of eating or a combination of foods recommended for consumption). All food and beverage choices matter. Individuals should choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.

- Individuals should focus on variety, nutrient density, and amount. To meet nutrient needs within calorie limits, individuals should choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.

- Individuals should limit calories from added sugars and saturated fats and reduce sodium intake. Additionally, individuals should consume an eating pattern low in added sugars, saturated fats, and sodium; cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.

- Individuals should shift to healthier food and beverage choices. Additionally, individuals should choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices; individuals should consider cultural and personal preferences to make these shifts easier to accomplish and maintain.

- Individuals should support healthy eating patterns for all (note: everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities).

- Individuals should consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.

- A healthy eating pattern includes:

    - A variety of vegetables from all of the subgroups - dark green, red and orange, legumes (beans and peas), and starchy

    - Fruits, especially whole fruits

    - Grains, at least half of which are whole grains

    - Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages

    - A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products

    - Oils

- A healthy eating pattern limits saturated fats, trans fats, added sugars, and sodium.

- Individuals should consume less than 10 percent of calories per day from added sugars.

- Individuals should consume less than 10 percent of calories per day from saturated fats.

- Individuals should consume less than 2,300 milligrams (mg) per day of sodium.

Weight Management

- Due to gratitude's possible impact on physical activity and nutrition, gratitude can potentially help individuals lose weight, maintain a healthy weight, and prevent obesity.

- Individuals can maximize gratitude's potential impact on weight management by possessing insight into weight management. Specific information regarding weight management may be found below.

- An individual's healthy weight may be determined by calculating his or her body mass index (BMI). BMI may refer to an anthropometric index of weight and height that is defined as body weight in kilograms divided by height in meters squared; a value derived from an individual's weight and height (note: the term anthropometric may refer to the science which deals with the measurement of the size, weight, and proportions of the human body).

- Health care professionals may use the following formula to calculate an individual's BMI: $BMI = weight (kg) / height (m)^2$. Health care professionals may also use the following formula to calculate an individual's BMI: $BMI = weight (lb) / [height (in)]^2 \times 703$.

- Health care professionals should note that BMI does not measure body fat directly.

- Health care professionals should note the following: BMI can be used to help determine if an individual is underweight, at a normal weight, overweight, or obese.

- Underweight - an individual may be considered to be underweight if his or her BMI is less than 18.5 kg/m^2.

- Normal weight - an individual may be considered to be at a normal weight if his or her BMI is between $18.5 - 24.9 \text{ kg/m}^2$.

- Overweight - an individual may be considered to be overweight if his or her BMI is between $25.0 - 29.9 \text{ kg/m}^2$.

- Obese - an individual may be considered to be obese if his or her BMI is greater than or equal to 30.0 kg/m^2.

- Obesity may refer to a condition characterized by abnormal or excessive fat accumulation, which may impair health.

- Obesity may be subdivided into the following categories:

    - Class 1 obesity - BMI of 30 kg/m^2 to < 35 kg/m^2

    - Class 2 obesity - BMI of 35 kg/m^2 to < 40 kg/m^2

    - Class 3 obesity - BMI of 40 kg/m^2 or higher (note: Class 3 obesity may be categorized as extreme or severe obesity)

- The fundamental cause of obesity is an energy imbalance between the calories consumed and the calories expended. Health care professionals should note the following: some illnesses, such as Cushing's disease and polycystic ovary syndrome, may lead to obesity or weight gain; medications such as steroids and some antidepressants may also cause weight gain. Health care professionals should also note the following: obesity is often associated with poor mental health outcomes and reduced quality of life (note: obesity is one of the leading causes of death in the U.S.).

- When assessing weight and obesity, individuals should consider waist circumference. Waist circumference may refer to a measurement taken around an individual's abdomen at the level of the umbilicus, otherwise referred to as the belly button. Health care professionals should note the following: waist circumference should be used to assess abdominal fat content; measuring waist circumference can help screen patients for possible health risks that come with being overweight and obese; if most of a patient's fat is around the waist rather than at the hips, then he or she may be at a higher risk for heart disease and type 2 diabetes; the aforementioned risk goes up with a waist size that is greater than 35 inches for women/greater than 40 inches for men. Health care professionals should also note the following: to effectively measure a patient's waist circumference, health care professionals should follow the steps found below.

Steps for Measuring Waist Circumference

1. Identify and procure necessary medical equipment (e.g., tape measure); identify and engage in required hand hygiene practices (note: hand hygiene may refer to the process of cleaning hands in order to prevent contamination and/or

infections); identify and procure required personal protective equipment (PPE), when applicable (note: personal protective equipment [PPE] may refer to equipment designed to protect, shield, and minimize exposure to hazards that may cause serious injury, illness, and/or disease [e.g., masks, face shields, respirators, gowns, and gloves]); don required PPE, when applicable, and follow relevant PPE protocols and measures.

2. Instruct the patient to stand up.

3. Place a tape measure around the patient's waist, just above the hipbones.

4. Make sure the tape measure is horizontal around the patient's waist.

5. Ensure the tape measure is snug around the patient's waist, but is not compressing the patient's skin.

6. Instruct the patient to slowly breath in and out.

7. Measure the patient's waist just after the patient breathes out.

8. Record and document relevant information.

- When assessing weight, weight loss, and obesity individuals should consider the following information: the initial goal of weight loss treatment should be to reduce body weight by about 10 percent from baseline; weight loss should be about 1 - 2 pounds per week for a period of approximately six months; a diet that is individually planned to help create a deficit of 500 - 1,000 kcal/day may be used to help patients achieve a weight loss of 1 - 2 pounds per week; reducing dietary fat alone without reducing calories is not sufficient for weight loss; portion control may help patients lose weight (note: portion control may refer to a method of moderating an individual's diet by determining the number of calories in each serving of food, and limiting consumption to fall below a predetermined number of calories to help individuals lose and maintain a healthy weight); individuals should self-monitor their weight in order to maintain a healthy weight (note: self-monitor, as it relates to weight loss and maintenance, may refer to the act of observing and recording aspects of behavior related to weight, weight loss, and weight maintenance [e.g., calorie intake per day]).

Sleep

- Due to gratitude's possible impact on stress, depression, anxiety, substance abuse, physical activity, and nutrition, gratitude can potentially help individuals obtain a better night sleep and prevent sleep deprivation.

- Individuals can maximize gratitude's potential impact on sleep and sleep deprivation by possessing insight into sleep, sleep deprivation, and sleep recommendations. Specific information regarding sleep, sleep deprivation, and sleep recommendations may be found below.

- Getting "enough" sleep is essential to an individual's overall health and well-being, as well as an individual's quality of life.

- Getting "enough" sleep can be a key element of physical health (e.g., sleep can help restore damaged cells, boost the immune system, and maintain heart function).

- Getting "enough" sleep can also be a key element of mental health (e.g., sleep can help improve mood, memory, focus, concentration, and problem solving skills).

- Sleep deprivation may refer to a lack of sufficient sleep (i.e., an individual does not get enough sleep).

- Health care professionals should note that sleep deprivation may not be considered to be a specific disease; sleep deprivation typically results from other illnesses, conditions, disorders, and/or life styles.

- The potential signs and symptoms of sleep deprivation may include the following:

  - Drowsiness

  - Feeling tired or "sleepy" during the day (especially while performing quiet activities, like reading)

  - Mood changes (e.g., depressed mood)

  - Irritability

  - Inability to concentrate

  - Difficulty learning new concepts

  - Impaired memory

- Forgetfulness

- Reduced physical strength

- Diminished ability to fight off infections

- Weight gain

- Sleep deprivation may be caused by a variety of different factors including the ones found below.

    - **Stress** - first and foremost, stress can be a major contributor to sleep deprivation. Stress can prevent individuals from falling asleep, sleeping through the night, and/or experiencing a restful sleep. Essentially, stress, whether from work, school, family, or friends, can cause sleep disruptions, which in turn, may lead to sleep deprivation over time.

    - **Age** - another major contributor to sleep deprivation is age. Typically, individuals over the age of 65 have trouble sleeping due to the natural process of aging.

    - **Circadian rhythm disturbances** - the term circadian rhythm may refer to the natural, internal process that regulates the sleep-wake cycle, which repeats every 24 hours. Consistent disturbances to the circadian rhythm may, eventually, lead to sleep deprivation. Health care professionals should note that disturbances to the circadian rhythm may result from travel, jet-lag, schedule changes, and over-night work.

    - **Alcohol use** - many individuals believe alcohol can help them sleep. However, the truth of the matter is that alcohol can impede restful sleep. In essence, alcohol may help individuals fall asleep, but it often does not help individuals sleep, restfully, through the night (i.e., once the sedative effects of alcohol ware off, individuals typically wake from sleep). Consistent use of alcohol can eventually lead to sleep disruptions and, ultimately, to sleep deprivation.

    - **Uncomfortable sleep environments** - one of the most obvious factors that may contribute to sleep deprivation is an uncomfortable sleep environment. Consistent sleep in an uncomfortable sleep environment (e.g., a room that is too hot or too cold) can cause sleep disruptions, which in turn may lead to sleep deprivation over time. Health care professionals should note that sleep-

related accoutrements (e.g., beds, pillows, and sheets) may be considered to be part of a sleep environment and may also contribute to sleep deprivation.

- **Medications** - a less than obvious factor that may contribute to sleep deprivation is the use of medications. Medications, such as beta-blockers, can affect sleep and may lead to sleep deprivation over time.

- **Supplements** - in addition to medications, the use of specific supplements may also lead to sleep deprivation.

- **Illicit drug use** - much like with medications, the use of illicit drugs, such as cocaine, can affect sleep and may lead to sleep deprivation over time.

- **Pain** - pain, whether acute or chronic, can affect sleep and may lead to sleep deprivation over time.

- **Physical health conditions** - in addition to pain, other physical health conditions, such as cardiovascular disease and cancer, can affect sleep and may lead to sleep deprivation over time.

- **Mental disorders** - mental disorders, otherwise referred to as mental health conditions, have long been associated with sleep disruptions and sleep deprivation. Health care professionals should note that some of the most common mental health conditions associated with sleep deprivation include: clinical depression, clinical anxiety, and schizophrenia.

- **Developmental disorders** - much like with mental disorders, developmental disorders have long been associated with sleep disruptions and sleep deprivation. Health care professionals should note that some of the most common developmental disorders associated with sleep deprivation include autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD) (note: ASD may refer to a complex developmental disorder that affects how an individual behaves, interacts with others, communicates, and learns; ADHD may refer to a type of disorder that is marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development).

- **Genetic disorders** - genetic disorders are also associated with sleep disruptions and sleep deprivation. Health care professionals should note that one of the most common developmental disorders associated with sleep deprivation is

Fragile X syndrome (note: Fragile X syndrome may refer to a genetic disorder that affects development).

- **Dementia** - dementia may refer to a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions. Dementia can dramatically impact an individual's sleep patterns and can contribute to sleep deprivation. Dementia is typically associated with older adults. Symptoms of dementia include: problems with memory, attention, communication, reasoning, judgment, and/or problem solving. Signs of dementia include: getting lost in a familiar area, forgetting the names of close family and friends, and not being able to complete tasks independently. Health care professionals should note that dementia is not a normal part of aging.

- **Sleep disorders** - finally, sleep disorders may lead to sleep deprivation. The term sleep disorder may refer to alterations in natural sleeping patterns that can negatively affect health.

- Some of the most common sleep disorders that may lead to sleep deprivation include the following: insomnia, narcolepsy, restless leg syndrome (RLS), and sleep apnea. Specific information regarding the aforementioned sleep disorders can be found below.

  - **Insomnia** - insomnia may refer to a sleep disorder characterized by an inability to fall asleep and/or stay asleep. Insomnia may also be characterized by early morning awakening (i.e., an individual awakens early in the morning or for several hours and is unable to resume sleeping). Symptoms of insomnia include: daytime fatigue, low energy, difficulty concentrating, mood disturbances, and decreased performance at work or at school. Health care professionals should note that insomnia can be acute or chronic. Acute insomnia may refer to a form of short-term insomnia that typically lasts for a few days or a few weeks. Acute insomnia may also be referred to as adjustment insomnia because it typically results from events which require a life-style adjustment (e.g., starting a new job, starting school, and/or initiating a new schedule). On the other hand, chronic insomnia may refer to a form of long-term insomnia that occurs at least three nights per week and lasts at least three months.

  - **Narcolepsy** - narcolepsy may refer to a chronic sleep disorder characterized by excessive or overwhelming daytime sleepiness, sudden attacks of sleepiness,

sleep paralysis, hallucinations, and cataplexy (note: cataplexy may refer to partial or total loss of muscle control, often triggered by a strong emotion). Essentially, individuals with narcolepsy feel extremely sleepy during the day and may involuntarily fall asleep during normal activities. Health care professionals should note that narcolepsy associated cataplexy is caused by the loss of hypocretin (note: hypocretin may refer to a neuropeptide hormone produced in the hypothalamus that influences sleep patterns and energy expenditure).

- **Restless leg syndrome (RLS)** - restless leg syndrome (RLS) may refer to a sleep disorder characterized by an overwhelming urge to move the legs when they are at rest. Health care professionals should note that the overwhelming urge to move the legs, associated with RLS, may be different for each individual. In other words, the overwhelming urge to move the legs may be related to a different type of feeling. For example, the urge may be related to a bug crawling feeling on the legs or a sensation of liquid running through the legs. In essence, the RLS experience may be different for each patient. Health care professionals should also note that abnormalities in dopamine have been associated with RLS.

- **Sleep apnea** - sleep apnea may refer to a sleep disorder characterized by interrupted breathing during sleep. Symptoms of sleep apnea include chronic snoring and daytime sleepiness. Factors that increase the risk of sleep apnea include: having a small upper airway, having a large tongue, tonsils or uvula, being overweight, having a recessed chin, small jaw or a large overbite, having a large neck, smoking, alcohol use, and age. Health care professionals should note that individuals with sleep apnea may use a continuous positive airway pressure (CPAP) device. A CPAP device may refer to a medical device that uses mild air pressure to keep an individual's breathing airways open.

- Individuals can achieve a better night sleep and work to prevent sleep deprivation by following sleep recommendations. Sleep recommendations vary by age. Specific information regarding age-related sleep recommendations may be found below.

  - Individuals 0 - 3 months old - individuals 0 - 3 months old should sleep between 4 - 17 hours per 24 hours.

  - Individuals 4 - 12 months old - individuals 4 - 12 months old should sleep between 12 - 16 hours (including naps) per 24 hours.

- Individuals 1 - 2 years old - individuals 1 - 2 years old should sleep between 11 - 14 hours (including naps) per 24 hours.

- Individuals 3 - 5 years old - individuals 3 - 5 years old should sleep between 10 - 13 hours (including naps) per 24 hours.

- Individuals 6 - 12 years old - individuals 6 - 12 years old should sleep between 9 - 12 hours per 24 hours.

- Individuals 13 - 18 years old - individuals 13 - 18 years old should sleep between 8 - 10 hours per 24 hours.

- Individuals 18 - 60 years old - individuals 18 - 60 years old should sleep 7 or more hours per night.

- Individuals 61 - 64 years old - individuals 61 - 64 years old should sleep between 7 - 9 hours per 24 hours.

- Individuals 65 years and older - individuals 65 years and older should sleep between 7 - 8 hours per 24 hours.

Blood Pressure and Hypertension

- Due to many of the aforementioned health benefits, gratitude can potentially impact, and possibly help manage, blood pressure and hypertension.

- Individuals can maximize gratitude's impact on blood pressure and hypertension by possessing insight into blood pressure and hypertension and by seeking treatment for high blood pressure and hypertension. Specific information regarding high blood pressure and hypertension treatment options may be found below. The information found below was derived from materials provided by the CDC and the United States Food and Drug Administration (FDA) (CDC, 2020; United States Food and Drug Administration [FDA], 2020).

- Blood pressure may refer to the pressure of blood pushing against the walls of the arteries.

- A normal blood pressure level is less than 120/80 mmHg (note: elevated blood pressure is between 120/80 mmHg and 129/80 mmHg).

- High blood pressure typically does not have warning signs or symptoms.

- Hypertension may refer to blood pressure that is higher than normal.

- Hypertension may be diagnosed if an individual's blood pressure is 130/80 mmHg or higher.

- High blood pressure can damage the arteries by making them less elastic, which decreases the flow of blood and oxygen to the heart and leads to heart disease. In addition, decreased blood flow to the heart can also lead to angina, heart attack, and heart failure. High blood pressure can also lead to stroke and kidney disease.

- Nonpharmacological treatment options for hypertension include physical activity and nutrition.

- Pharmacological treatment options for hypertension include medications from the following medication classes: angiotensin-converting enzyme (ACE) inhibitors, beta-blockers, diuretics, angiotensin II receptor blockers, and calcium channel blockers. Health care professionals should note the following information regarding the medications used to manage hypertension: when used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus; in patients with acute myocardial infarction, cardiac failure which is not promptly and effectively controlled is a contraindication to beta-blocker treatment; continued depression of the myocardium with beta-blocking agents over a period of time can, in some cases, lead to cardiac failure; furosemide is a potent diuretic which, if given in excessive amounts, can lead to a profound diuresis with water and electrolyte depletion, therefore, careful medical supervision is required and dose and dose schedule must be adjusted to the individual patient's needs.

Pain

- Due to the aforementioned health benefits, as well as gratitude's impact on the brain, gratitude can potentially impact pain relief.

- Individuals can maximize gratitude's impact on pain relief by possessing insight into pain and by seeking treatment for pain. Specific information regarding pain and pain treatment options may be found below. The information found below was derived from materials provided by the CDC and the FDA (CDC, 2020; FDA, 2020).

- Pain may refer to an unpleasant sensory and emotional experience arising from actual or potential tissue damage.

- The two most common types of pain are acute pain and chronic pain.

- Acute pain may refer to the type of pain that is sudden and intense in nature that arises from an acute injury or disease process and persists only as long as the tissue pathology itself. In other words, acute pain can refer to the type of pain that is directly related to an injury or a disease that only lasts as long as the injury takes to heal or the disease takes to be treated. Typically, acute pain gradually dissipates and resolves as the precipitating tissue pathology/damage heals. For example, if an individual slipped on a wet surface and sprained his or her ankle, then the individual would suffer from an intense acute pain from the ankle sprain. However, as the ankle sprain heals, the individual's pain would slowly decrease in intensity until it eventually disappeared. Health care professionals should note the following: the normal healing time for the body is 3 - 6 months.

- Chronic pain may refer to the type of pain that persists beyond the normal healing period for an acute injury or disease. Basically, chronic pain is the type of pain that is not directly related to tissue damage. Chronic pain can last for months, years, or, in some cases, indefinitely. Unlike with acute pain, it is difficult for health care professionals to definitively identify the source of a patient's chronic pain. As previously mentioned, the normal healing time for the human body is 3 - 6 months, meaning any pain resulting from damage to tissue, muscles, bones, ligaments, and/or discs should resolve within a 3 - 6 month period. However, the pain associated with chronic pain exceeds the 3 - 6 month period. When pain persists well beyond six months, the reason for its existence becomes more complicated and increasingly difficult to explain. Many health care professionals and researchers have theorized and concluded that chronic pain results more from psychological and social factors than it does from biological factors. Health care professionals should note that factors such as stress, trauma, and cultural influences may play major roles in the extent and duration of chronic pain.

- Nonpharmacological treatment options for pain include: physical therapy, massage therapy, psychotherapy, and cognitive behavioral therapy.

- Pharmacological treatment options for pain include medications from the following medication classes: nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, and opioids. Health care professionals should note the following information regarding the medications used to treat pain: it is believed that NSAIDs reduce inflammation and exert their analgesic effects by inhibiting prostaglandin (PG) synthesis; NSAIDs may cause an increased risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, which can be fatal; pain medications often

have maximum dose recommendations (e.g., the total daily dose of ibuprofen should not exceed 3200 mg); pain medications typically have recommended dosing intervals (e.g., the typical dosing interval for naproxen when used to manage pain in adult patients is 8 - 12 hours); opioids may lead to sedation and opioid-induced respiratory depression; opioids may lead to addiction, abuse, and misuse; opioids may lead to opioid overdose deaths (note: prescription opioid overdose deaths often involve benzodiazepines).

- Morphine and fentanyl are specific opioids that may be used for pain. Due to the complex nature of morphine and fentanyl, health care professionals should posses insight into morphine and fentanyl (note: fentanyl is a synthetic opioid pain reliever that is 50 to 100 times more potent than morphine; fentanyl is approved for treating severe pain, typically advanced cancer pain; fentanyl is prescribed in the form of transdermal patches or lozenges; fentanyl is considered to be a high alert medication; the term high alert medication may refer to a heightened risk medication that may cause significant patient harm when used in error). Specific information regarding morphine and fentanyl may be found below.

Morphine Injection

Medication notes - morphine sulfate is an opioid agonist indicated for the management of pain not responsive to non-narcotic analgesics. The typical starting dose of morphine injection in adults is 0.1 mg to 0.2 mg per kg every 4 hours as needed for pain management (note: the morphine injection dose should be adjusted according to the severity of pain, the occurrence of adverse events, as well as the patient's underlying disease, age, and size). The side effects associated with morphine injection include the following: respiratory depression, apnea, circulatory depression, respiratory arrest, shock, and cardiac arrest, sedation, lightheadedness, dizziness, nausea, vomiting, and constipation.

Safety notes - contraindications associated with morphine injection include the following: known hypersensitivity or allergy to morphine; bronchial asthma or upper airway obstruction; respiratory depression in the absence of resuscitative equipment; and paralytic ilieu. Warnings and precautions associated with morphine injection include: take care when prescribing and administering to avoid dosing errors due to confusion between different concentrations and between mg and mL, which could result in accidental overdose and death; high doses are excitatory, resulting from sympathetic hyperactivity and increase in circulatory catecholamine; rapid intravenous administration may result in chest wall rigidity; high doses are excitatory,

resulting in convulsions; may increase the risk of respiratory depression, hypotension, sedation, coma, or death if use in conjunction with other CNS active drugs.

Considerations for special patient populations - use caution during dose selection for older adult patients, starting at the low end of the dosing range while carefully monitoring for side effects; start patients with renal and hepatic impairment at lower doses and titrate cautiously.

Morphine Oral Tablets

Medication notes - morphine sulfate is an opioid agonist indicated for the relief of moderate to severe acute and chronic pain where an opioid analgesic is appropriate. Morphine tablets are available in the following strengths - 15 mg and 30 mg. The recommended starting dose of morphine tablets is 15 to 30 mg every 4 hours as needed. The most common side effects associated with morphine tablets include the following: constipation, nausea, somnolence, lightheadedness, dizziness, sedation, vomiting, and sweating.

Safety notes - contraindications associated with morphine tablets include the following: known hypersensitivity to morphine; respiratory depression in the absence of resuscitative equipment; acute or severe bronchial asthma or hypercarbia; and paralytic ileus. Warnings and precautions associated with morphine tablets include: respiratory depression; morphine sulfate is a Schedule II controlled substance with an abuse liability similar to other opioids; additive CNS depressive effects when used in conjunction with alcohol, other opioids, or illicit drugs; elevation of intracranial pressure may occur; hypotensive effect may occur; impaired mental/physical abilities may occur; caution must be used with potentially hazardous activities.

Considerations for special patient populations - use with caution and in reduced dosages in older adult patients and in patients with severe renal or hepatic impairment, Addison's disease, hypothyroidism, prostatic hypertrophy, or urethral stricture, CNS depression, toxic psychosis; use with caution and in reduced dosages in patients suffering from acute alcoholism and delirium tremens.

Fentanyl Transdermal System

Medication notes - fentanyl is an opioid agonist. Fentanyl is indicated for the management of pain in opioid-tolerant patients, severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Fentanyl transdermal system is available in the following

strengths: 12 mcg/hour, 25 mcg/hour, 50 mcg/hour, 75 mcg/hour, and 100 mcg/hour. The most common side effects associated with fentanyl transdermal system include the following: nausea, vomiting, somnolence, dizziness, insomnia, constipation, hyperhidrosis, fatigue, feeling cold, anorexia, headache, and diarrhea.

Safety notes - contraindications associated with fentanyl transdermal system include: opioid non-tolerant patients; acute or intermittent pain, postoperative pain, mild pain; significant respiratory depression; acute or severe bronchial asthma in an unmonitored setting or in absence of resuscitative equipment; known or suspected gastrointestinal obstruction; known hypersensitivity to fentanyl or any of the components of the transdermal system. Warnings associated with fentanyl transdermal system include the following: fentanyl exposes users to risks of addiction, abuse, and misuse, which can lead to overdose and death; assess patient's risk before prescribing, and monitor regularly for these behaviors or conditions; serious, life-threatening, or fatal respiratory depression may occur; monitor closely, especially upon initiation or following a dose increase; accidental exposure can result in fatal overdose of fentanyl; concomitant use with CYP3A4 inhibitors (or discontinuation of CYP3A4 inducers) can result in a fatal overdose of fentanyl; exposure of application site and surrounding area to direct external heat sources has resulted in fatal overdose of fentanyl; warn patients to avoid exposing application site and surrounding area to direct external heat sources; concomitant use of opioids with benzodiazepines or other central nervous system (CNS) depressants, including alcohol, may result in profound sedation, respiratory depression, coma, and death; reserve concomitant prescribing for use in patients for whom alternative treatment options are inadequate; limit dosages and durations to the minimum required; and follow patients for signs and symptoms of respiratory depression and sedation. Additional warnings and precautions associated with fentanyl transdermal system include: monitor patients with fever closely for sedation and respiratory depression and reduce the dose if necessary; warn patients to avoid strenuous exertion that may lead to increased body temperature; life-threatening respiratory depression in patients with chronic pulmonary disease or in older adult patients; monitor closely, particularly during initiation and titration; potentially life-threatening conditions could result from concomitant serotonergic drug administration; severe hypotension may occur; avoid use in patients with impaired consciousness or coma.

Considerations for special patient populations - fentanyl may cause fetal harm; use is not recommended in patients with severe hepatic and renal impairment.

Fentanyl Oral Transmucosal Lozenge (Actiq)

Medication notes - Actiq is an opioid agonist indicated for the management of breakthrough pain in cancer patients 16 years of age and older who are already receiving and who are tolerant to around-the-clock opioid therapy for their underlying persistent cancer pain (note: Actiq may be dispensed only to patients enrolled in the TIRF REMS Access program). Actiq is available in the following strengths 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg and 1600 mcg. The recommended initial dose of Actiq is 200 mcg. The most common side effects associated with Actiq include: nausea, dizziness, somnolence, vomiting, asthenia, and headache, dyspnea, constipation, anxiety, confusion, depression, rash, and insomnia.

Safety notes - contraindications associated with Actiq include: opioid non-tolerant patients; management of acute or postoperative pain including headache/migraines and dental pain; intolerance or hypersensitivity to fentanyl or components of Actiq. Warnings associated with Actiq include the following: use with CYP3A4 inhibitors may cause fatal respiratory depression; when prescribing, do not convert patients on a mcg per mcg basis from any other oral transmucosal fentanyl product to Actiq; when dispensing, do not substitute with any other fentanyl products; contains fentanyl, a Schedule II controlled substance with abuse liability similar to other opioid analgesics; Actiq is available only through a restricted program called the TIRF REMS Access program; health care professionals who prescribe Actiq to outpatients, pharmacies, and distributors are required to enroll in the program. Additional warnings and precautions associated with Actiq include: clinically significant respiratory and CNS depression can occur, monitor patients accordingly; full and partially consumed Actiq units contain medicine that can be fatal to a child; ensure proper storage and disposal; interim safe storage containers are available; Use with other CNS depressants and potent cytochrome P450 3A4 inhibitors may increase depressant effects including respiratory depression, hypotension, and profound sedation; titrate Actiq cautiously in patients with chronic obstructive pulmonary disease or preexisting medical conditions predisposing them to respiratory depression.

Considerations for special patient populations - administer Actiq with caution to patients with liver or kidney dysfunction.

Section 2: Summary

The second step to harnessing the power of gratitude is to obtain insight into the potential health benefits of gratitude and how to maximize such benefits. The potential

health benefits of gratitude include those related to stress, depression, anxiety, substance abuse, suicide prevention, physical activity, nutrition, weight management, sleep, blood pressure and hypertension, and pain. Individuals can maximize the aforementioned health benefits of gratitude by possessing an understanding of each potential benefit and by seeking treatment for specific disorders and conditions. Health care professionals should work to help themselves and patients maximize the potential health benefits of gratitude.

Section 2: Key Concepts

- The second step to harnessing the power of gratitude is to obtain insight into the potential health benefits of gratitude and how to maximize such benefits.

- The potential health benefits of gratitude include those related to stress, depression, anxiety, substance abuse, suicide prevention, physical activity, nutrition, weight management, sleep, blood pressure and hypertension, and pain.

- Individuals can maximize the health benefits of gratitude by possessing an understanding of each potential benefit and by seeking treatment for specific disorders and conditions.

Section 2: Key Terms

Stress - a factor that causes emotional, physical, or psychological tension

Significant life event - any major shift in an individual's life

Burn-out - a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed (WHO, 2020)

Depressive disorder - a mood disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life

Anhedonia - a loss of interest in previously enjoyable activities

Major depressive disorder - a form of depression that occurs most days of the week for a period of two weeks or longer leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning

Psychotherapy *(also known as talk therapy)* - the use of psychological techniques and/or psychotherapeutic approaches to help individuals overcome problems and develop healthier habits

Cognitive behavioral therapy - a form of psychotherapy which focuses on helping individuals solve problems and create positive outcomes by changing unrealistically negative patterns of thought and behavior

Anxiety disorder - a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

Excessive worry *(within the context of an anxiety disorder)* - worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity, and/or situation

Generalized anxiety disorder - a mental health disorder characterized by excessive anxiety and worry occurring more days than not for at least six months, about a number of events or activities (such as work or school performance), which is difficult to control and leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning

Substance abuse - the harmful or hazardous use of a psychoactive substance such as alcohol or illicit drugs

Binge drinking - five or more drinks on an occasion (within two or three hours) for men, and four or more drinks on an occasion (within two or three hours) for women

Heavy drinking - 15 or more drinks a week for men; eight or more drinks a week for women

Opioids - a class of drugs used to reduce pain

Addition - the compulsive or uncontrolled use of one or more substances

Substance use disorder - a medical illness caused by repeated misuse of a substance or substances

Suicidal ideation - thoughts of suicide and/or thoughts of planning suicide

Suicide - a death caused by self-directed injurious behavior with any intent to die as a result of the behavior

Suicide attempt - a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior

Physical activity - any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above a basal level; the subset of physical activity that enhances health (U.S. Department of Health and Human Services, 2015)

Adult *(within the context of physical activity)* - any individual between the ages of 18 to 64 years (U.S. Department of Health and Human Services, 2015)

Older adult - an individual 65 years or older

Eating pattern - the combination of foods and beverages that constitute an individual's complete dietary intake over time; a customary way of eating or a combination of foods recommended for consumption (U.S. Department of Health and Human Services, 2015)

Body mass index (BMI) - an anthropometric index of weight and height that is defined as body weight in kilograms divided by height in meters squared; a value derived from an individual's weight and height

Anthropometric - the science which deals with the measurement of the size, weight, and proportions of the human body

Obesity - a condition characterized by abnormal or excessive fat accumulation, which may impair health

Waist circumference - a measurement taken around an individual's abdomen at the level of the umbilicus, otherwise referred to as the belly button

Hand hygiene - the process of cleaning hands in order to prevent contamination and/or infections

Personal protective equipment (PPE) - equipment designed to protect, shield, and minimize exposure to hazards that may cause serious injury, illness, and/or disease

Portion control - a method of moderating an individual's diet by determining the number of calories in each serving of food, and limiting consumption to fall below a predetermined number of calories to help individuals lose and maintain a healthy weight

Self-monitor *(as it relates to weight loss and maintenance)* - the act of observing and recording aspects of behavior related to weight, weight loss, and weight maintenance

Sleep deprivation - a lack of sufficient sleep

Circadian rhythm - the natural, internal process that regulates the sleep-wake cycle, which repeats every 24 hours

Autism spectrum disorder (ASD) - a complex developmental disorder that affects how an individual behaves, interacts with others, communicates, and learns

Attention-deficit/hyperactivity disorder (ADHD) - a type of disorder that is marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development

Fragile X syndrome - a genetic disorder that affects development

Dementia - a cluster of symptoms centered around an inability to remember, think clearly, and/or make decisions

Sleep disorder - alterations in natural sleeping patterns that can negatively affect health

Insomnia - a sleep disorder characterized by an inability to fall asleep and/or stay asleep

Acute insomnia *(otherwise known as adjustment insomnia)* - a form of short-term insomnia that typically lasts for a few days or a few weeks

Chronic insomnia - a form of long-term insomnia that occurs at least three nights per week and lasts at least three months

Narcolepsy - a chronic sleep disorder characterized by excessive or overwhelming daytime sleepiness, sudden attacks of sleepiness, sleep paralysis, hallucinations, and cataplexy

Cataplexy - partial or total loss of muscle control, often triggered by a strong emotion

Hypocretin - a neuropeptide hormone produced in the hypothalamus that influences sleep patterns and energy expenditure

Restless leg syndrome (RLS) - a sleep disorder characterized by an overwhelming urge to move the legs when they are at rest

Sleep apnea - a sleep disorder characterized by interrupted breathing during sleep

Continuous positive airway pressure (CPAP) device - a medical device that uses mild air pressure to keep an individual's breathing airways open

Blood pressure - the pressure of blood pushing against the walls of the arteries

Hypertension - blood pressure that is higher than normal

Pain - an unpleasant sensory and emotional experience arising from actual or potential tissue damage

Acute pain - the type of pain that is sudden and intense in nature that arises from an acute injury or disease process and persists only as long as the tissue pathology itself

Chronic pain - the type of pain that persists beyond the normal healing period for an acute injury or disease

High alert medication - a heightened risk medication that may cause significant patient harm when used in error

Section 2: Personal Reflection Question

How can health care professionals maximize the potential health benefits of gratitude?

Section 3: Gratitude Recommendations

The third and final step to harnessing the power of gratitude is to follow related recommendations. This section of the course will review gratitude recommendations. The information found in this section was derived from materials provided by the World Health Organization (WHO) unless, otherwise, specified (WHO, 2020).

Gratitude Recommendations

- **Adhere to the four major ethic principles of health care** - first and foremost, health care professionals can work to obtain gratitude from both patients and fellow health care professionals by adhering to the following four major ethic principles of health care: patient autonomy, beneficence, nonmaleficence, and justice. Specific information regarding the aforementioned ethic principles of health care may be found below.

  - **Patient autonomy** - patient autonomy may refer to a patient's right to make decisions regarding his or her own personal health care, without the direct influence of a health care professional. Essentially, patient autonomy grants patients the sole right to make decisions regarding their health, health care, and personal well-being. Health care professionals must respect patient autonomy when caring for patients. Violations of patient autonomy may occur if a health care professional makes health care-related decisions for a patient, influences a patient's health care-related decisions, bullies a patient into

making a health care-related decision, withholds health-care related information from a patient in order to steer a patient into making a specific decision, provides a patient with biased health care information and/or education, fails to provide vital health care-related information to a patient, and/or simply does not give a patient an opportunity to make his or her own decision regarding the administration of health care (e.g., carries out a health care procedure without consent from a patient). Health care professionals may uphold patient autonomy by allowing patients to remain independent when making decisions about their health care. Health care professionals should note that they are allowed to provided patients with unbiased information and education to help them make a decision regarding their own health care - however, a health care professional must not make the final health care-related decision for a patient. Health care professionals should also note that there may be health care situations where patient autonomy concepts may not necessarily apply, such as emergency situations where life-saving interventions are required.

- **Beneficence** - beneficence, as it relates to health care, may refer to the obligation of the health care professional to act in the best interest of the patient. Health care professionals must adhere to the principle of beneficence when caring for patients. Examples of potential violations of beneficence may include the following: a health care professional does not act in the best interest of a patient, a health care professional puts his or her own interest before a patient's best interest, a health care professional does not consider the risks and benefits of a health care intervention before it is administered to a patient, a health care professional does not consider a patient's pain, physical, and/or mental suffering when administering health care, a health care professional does not consider a patient's risk of disability, diminished health, and/or death when administering health care, and a health care professional does not promote a patient's health for personal reasons (e.g., a health care professional encourages a patient to follow a therapeutic regimen that will, ultimately, jeopardize his or her health, overall well-being, and quality of life). Health care professionals may uphold the ethic principle of beneficence by simply doing what is best for a patient's health.

- **Nonmaleficence** - nonmaleficence, as it relates to health care, may refer to the obligation of the health care professional to act in a manner that does not cause harm to the individual patient; do no harm. Examples of potential

violations of nonmaleficence may include the following: a health care professional intentionally harms a patient, a health care professional gives a patient a medication knowing it will only harm the patient, a health care professional chooses health care interventions for a patient that will harm the patient, a health care professional does not follow safety precautions while administering care to a patient, and a health care professional does not follow organizational policies and procedures, which have been put in place to safeguard patients' health. Health care professionals may uphold the ethic principle of nonmaleficence by simply acting in a manner that does not intentionally harm a patient. Health care professionals should note the following: although beneficence and nonmaleficence are related, they are two separate and distinct ethic principles of health care.

- **Justice** - justice, as it relates to health care, may refer to the fair and equitable distribution of health care resources to patients. Essentially, the ethic principle of justice stipulates that patients in similar situations should have access to the same health care or the same level of health care. An example of a potential violation of justice, as it relates to health care, may include the following - a health care professional denies an individual health care due to the individual's socioeconomic status. Health care professionals can uphold the ethic principle of justice by administering health care in an unbiased manner.

- **Adhere to relevant scopes of practice** - additionally, health care professionals can work to obtain gratitude from both patients and fellow health care professionals by adhering to relevant scopes of practice. The term scope of practice may refer to a description of services qualified health care professionals are deemed competent to perform and permitted to undertake under the terms of their professional licenses (American Nurses Association [ANA], 2020). In other words, a scope of practice is a legal guide that highlights a health care professional's responsibilities and limitations. It is essential that health care professionals adhere to their related scopes of practice. Health care professionals should note the following: specific scopes of practice may vary by state; health care professionals should be familiar with their relevant scopes of practice in the particular states they are licensed to practice health care.

- **Work to prevent medical errors from occurring** - health care professionals can also work to obtain gratitude from both patients and fellow health care professionals by working to prevent medical errors from occurring. The term medical error may refer to a preventable adverse effect of care that may or may not be evident or causes

harm to a patient (Joint Commission, 2020). In an ideal health care climate, medical errors would not occur, but the simple truth of the matter is, they do. That being the case, health care professionals can prevent medical errors from occurring by the following methods: use at least two patient identifiers when providing care, treatment, and services (note: acceptable patient identifiers may be an individual's name, an assigned identification number, telephone number, or other person-specific identifier); verify all medication or solution labels both verbally and visually; review and report critical results of tests and diagnostic procedures on a timely basis; monitor anticoagulation therapy; practice effective hand hygiene (note: hand hygiene may refer to the process of cleaning hands in order to prevent contamination and/or infections) (Joint Commission, 2020). Health care professionals should note the following: medical errors can occur in virtually all stages of diagnosis and treatment; health care professionals should continuously work to prevent medical errors from occurring.

- **Foster effective communication** - health care professionals can work to obtain gratitude from both patients and fellow health care professionals by fostering effective communication. As previously mentioned, gratitude can promote effective communication. With that said, effective communication can promote gratitude in a circular manner (i.e., gratitude can lead to effective communication, effective communication can lead to gratitude, gratitude can lead to effective communication, effective communication can lead to gratitude, gratitude can lead to effective communication, etc.). Essentially, effective communication can help express gratitude to others and receive and accept gratitude, which in turn can make individuals want to engage in effective communication to express gratitude and receive expressions of gratitude. That being the case, effective communication occurs when information and messages are adequately transmitted, received, and understood. Health care professionals can foster effective communication when engaging with other individuals by speaking clearly, actively listening to other individuals when they speak, maintaining eye contact with other individuals when speaking to them, asking questions, maintaining emotional stability, and by limiting interruptions and distractions. Health care professionals should note the following: when engaging with other individuals, health care professionals should work to avoid miscommunication; when miscommunication occurs between individuals, intended meaning may be lost; health care professionals can work to avoid miscommunication by removing physical barriers when communicating with other individuals, remaining professional, clarifying points of confusion, and by allowing for a free flow of information between individuals.

- **Engage in active listening** - active listening is a vital component of effective communication. Thus, individuals should engage in active listening to foster effective communication and to, ultimately, promote gratitude. Active listening may refer to the process in which an individual gathers information from another individual by engaging in a style of two-way communication that facilitates a clear and mutual understanding of information. In other words, active listening is the process of listening with the intent to obtain meaning. That being said, there are several steps individuals can take to ensure they are effectively engaging in active listening when communicating with others.

  The first step an individual can take towards active listening is to give others their full attention when they are speaking. Often when individuals engage in a conversation, one individual speaks while the other individual simply waits for his or her turn to talk. Words are being heard - however, individuals are not focused on what is being said. Instead, they are typically thinking about what they want to say next. The previous style of listening can be referred to as passive listening. Often when passive listening is employed, two people are engaged in conversation, however neither one of them is focused on what the other person is saying. There is little to no intent to obtain meaning when two individuals are engaged in passive listening. Therefore, the first step towards active listening should always be to focus and concentrate on what the other individual is saying. Making a concerted effort to focus on what another individual is saying when engaged in a conversation can increase the ability for both parties to understand the meaning of what is being communicated. It can also help both individuals improve their recall of the conversation. If an individual is focused on what another individual is saying, he or she is more likely to remember what is said. Individuals should always make an effort to avoid passive listening when engaged in conversation with another individual or individuals.

  The next step towards active listening is to make eye contact. Eye contact can let individuals know they are being listened to. Eye contact can also foster trust and encourage individuals to open up and fully articulate what they want to say.

  The third step to active listening is to provide individuals with the opportunity to say what they would like to express. Limiting interruptions when other individuals are speaking and allowing for periods of silence can further open up a conversation to allow for a greater expression of ideas.

  The next step to active listening is to respond to what is being said. From time to time, individuals should respond to what another individual is saying. Repeating what

another individual says or paraphrasing individuals' words can reinforce that they are truly being heard and listened to, which can make them more likely to further engage in conversation. After all, everyone likes to know they are being heard.

Making an effort to understand the emotions behind the words can be another step towards active listening. Speaking about certain topics can be an emotional experience. It can open up the stress and horrors of past trauma and can leave individuals feeling vulnerable. Being empathetic towards the difficult emotions behind the words can make individuals feel at ease and allow them to continue to discuss their needs and concerns.

Asking open-ended questions and clarifying what is said can also be steps to active listening. At times, individuals will need to ask others questions. Keeping questions open, as opposed to closed, can allow information to flow freely. Therefore, at times, it may be advantageous to avoid yes and no questions and focus on how, what, where, and why questions. Yes and no questions can limit the expression of ideas, while open ended questions can expand the expression of ideas. In addition, individuals should not be afraid to clarify what is said during a conversation. Slowing down the conversation to clarify what is said can benefit both parties and promote effective communication.

Lastly, to fully achieve active listening, individuals can provide words of encouragement to others. As previously mentioned, engaging in certain types of conversations can be difficult. Using words of encouragement such as, "You are being very brave" or "You have been courageous during this difficult situation" can go a long way to motivate individuals to express themselves and communicate effectively.

- **Take a "time-out," when appropriate** - within the context of this course, the term time-out may refer to a short pause in daily activities, which allows individuals an opportunity to compose themselves and gather their thoughts (note: there is no specific time limit or period for a time-out; the duration of a time-out may vary from individual to individual and depend upon his or her schedule; the duration of a time-out can range anywhere from seconds to minutes to hours). Taking time-outs can help individuals slow down their thoughts in order to recognize gratitude, the effects of gratitude, and their ability to adequately express gratitude and receive expressions of gratitude. Time-outs can be taken throughout the day and may be advantageous to individuals when they feel overwhelmed, overworked, and/or unhappy. Health care professionals should note that time-outs may allow individuals an opportunity to "recharge their batteries" and improve upon their state of mind in order to effectively

and efficiently complete their daily responsibilities and duties. Health care professionals should also note that a time- out may offer an individual an opportunity for personal reflection.

- **Engage in journaling** - journaling may refer to the act of keeping a journal or writing in a journal/diary. Journaling can provide individuals with an opportunity to engage in self reflection to assess if they are adequately expressing gratitude and receiving expressions of gratitude. Health care professionals should note that journaling can be an opportunity and means for individuals to take a time-out. Health care professionals should also note the following: when journaling and reflecting on gratitude, individuals should focus on feelings of optimism, empathy, and self-esteem, as well as their overall happiness and well-being; journaling may present an opportunity for individuals to complete a GQ-6 and/or a revised GRAT.

- **Engage in meditation** - along with journaling, meditation can provide individuals with an opportunity to engage in self reflection to assess if they are adequately expressing gratitude and receiving expressions of gratitude. Health care professionals should note that meditation can be an opportunity and means for individuals to take a time-out. Health care professionals should also note the following: when meditating and reflecting on gratitude individuals should focus on feelings of optimism, empathy, and self-esteem, as well as their overall happiness and well-being; meditation may present an opportunity for individuals to mentally rate their level of appreciation and acceptance of gratitude via a simple gratitude rating scale (note: a simple gratitude rating scale may refer to a numerically based method that may be used by individuals to help rate their level of appreciation and acceptance of gratitude from 0 - 10, with 0 meaning no appreciation/acceptance and 10 meaning the highest level of appreciation/acceptance).

- **Engage in physical activity** - due to the effects of physical activity (e.g., improved mood), physical activity and gratitude can promote each other in a circular manner (i.e., gratitude can lead to physical activity, physical activity can lead to gratitude, gratitude can lead to physical activity, physical activity can lead to gratitude, etc.). Furthermore, physical activity can provide individuals with an opportunity to clear their minds and reflect on gratitude. Health care professionals should note that physical activity can be an opportunity and means for individuals to take a time-out. Health care professionals should also note the following: when engaging in physical activity and reflecting on gratitude, individuals should focus on feelings of optimism, empathy, and self-esteem, as well as their overall happiness and well-being; physical

activity may present an opportunity for individuals to mentally rate their level of appreciation and acceptance of gratitude via a simple gratitude rating scale.

- **Engage in yoga** - to build on the previous recommendations, individuals can engage in yoga, when appropriate, to provide an opportunity for physical activity, mental relaxation, and self reflection. Health care professionals should note that the act of engaging in the practice of yoga can be an opportunity and means for individuals to take a time-out.

- **Work to establish and maintain a culture of gratitude within a health care organization** - a culture of gratitude is paramount to gratitude in the workplace. A culture of gratitude is one where expressions of gratitude are freely exchanged among individuals (i.e., a culture of gratitude is one where individuals adequately express and receive gratitude). The key to a culture of gratitude is acknowledgement. Acknowledgement, as it relates to establishing and maintaining a culture of gratitude, can include three essential elements.

  The first element of acknowledgement, as it relates to establishing and maintaining a culture of gratitude, is to recognize other health care professionals who adhere to the four major ethic principles of health care, meet their job requirements, and promote the administration of safe and effective health care. Health care professionals can show their recognition to other health care professionals who adhere to the four major ethic principles of health care, meet their job requirements, and promote the administration of safe and effective health care by simply saying, "Thank you" to another health care professional after he or she completes a task, and/or by pointing out something positive another health care professional did and then thanking them for it (e.g., You did a good job making that patient feel comfortable, thank you; You did a great job administering medications to patients today, thank you).

  The second element of acknowledgement, as it relates to establishing and maintaining a culture of gratitude, is to recognize other health care professionals who go above and beyond their duties and responsibilities as health care professionals (e.g., a health care professional works extra hours to cover shifts for other health care professionals unable to work; a health care professional continues work past the completion of his or her shift to help a fellow health care professional complete a task; a health care professional continues to work past the completion of his or her shift to help out a patient). Health care professionals can show their recognition to other health care professionals who go above and beyond their duties and responsibilities as health care professionals by simply saying, "Thank you" to another

health care professional after he or she goes above and beyond their duties and responsibilities, and/or by pointing out what another health care professionals did to go above and beyond their duties and responsibilities and then thanking them for it (e.g., I noticed you stayed late yesterday to speak to patients about their medications, thank you). Health care professionals should note the following: health care administrators and managers can recognize health care professionals who go above and beyond their duties and responsibilities as health care professionals via formal, internal channels that highlight specific individuals and what they did to receive recognition and acknowledgement (e.g., an internal, monthly health care organizational bulletin that highlights employees who positively contributed to the health care organization, made a positive difference in patient care, developed a new innovative police or procedure that promotes safe, effective, and efficient health care, acted extraordinarily while caring for a patient, and/or, simply, acted in a manner consistent with going above and beyond their duties and responsibilities as a health care professional).

The third, and perhaps the most important, element of acknowledgement, as it relates to establishing and maintaining a culture of gratitude, is to recognize and accept expressions of gratitude when they are offered. This last element of acknowledgement builds on the previous two elements and requires individuals to be cognizant of expressions of gratitude when they are offered and to mentally take in or openly welcome expressions of gratitude from other individuals. Health care professionals can become cognizant of expressions of gratitude when they are offered and mentally take in or openly welcome expressions of gratitude from other individuals by effectively communicating with others, engaging in active listening, and by simply saying, "You're welcome" after someone says "Thank you." With this last element of acknowledgement in mind, health care professionals should note that gratitude can perpetuate gratitude, and thus, firmly establish and maintain a culture of gratitude within a health care organization (i.e., gratitude, especially when it is recognized and accepted, can lead to more gratitude).

- **Say "Thank you" to others, when applicable and appropriate** - individuals should say "Thank you" to others, when applicable and appropriate. This recommendation may seem obvious - however, the act of saying "Thank you" is often overlooked and undervalued in fast paced work environments such as health care facilities. Health care professionals should note that the act of saying "Thank you" to another individual can be an effective and efficient way to express gratitude and recognize someone for their help and/or efforts. Health care professionals should also note that

the act of saying "Thank you," on a regular basis, to fellow health care professionals, peers, and colleagues can contribute to establishing and maintaining a culture of gratitude within a health care organization.

- **Send a thank you email to others, when applicable and appropriate** - to build on the previous recommendation, health care professionals should send thank you emails to others, when applicable and appropriate (note: within the context of this course, the term thank you email may refer to a standard email, which expresses gratitude). At times individuals may feel that a simple verbal "Thank you" may not be enough to express their gratitude to a fellow health care professional, peer, or colleague. In those cases, health care professionals should consider sending thank you emails to others in order to fully express their gratitude. Health care professionals should note the following: when sending thank you emails to fellow health care professionals, peers, and colleagues, health care professionals should keep such emails professional; a hand written thank you note may serve the same purpose as a thank you email, and may be an option for those individuals who prefer to leave a handwritten note or card; hand written notes should also be written in a professional manner. Health care professionals should also note that the act of sending thank you emails to fellow health care professionals, peers, and colleagues can contribute to establishing and maintaining a culture of gratitude within a health care organization.

- **Say "You're welcome" to others, when applicable and appropriate** - individuals should say "You're welcome" to others, when applicable and appropriate. Much like with saying "Thank you," the act of saying, "You're welcome" is often overlooked and undervalued in fast paced work environments such as health care facilities. Health care professionals should note that the act of saying, "You're welcome" to another individual can be an effective and efficient way to receive expressions of gratitude. Health care professionals should also note that the act of saying, "You're welcome," on a regular basis, to fellow health care professionals, peers, and colleagues can contribute to establishing and maintaining a culture of gratitude within a health care organization.

- **Maintain personal responsibility** - health care professionals should work to maintain a level of personal responsibility when administering health care to patients. Health care professionals can maintain a level of personal responsibility when administering health care to patients by accepting accountability for their actions. For example, if a health care professional administers medications to patients, he or she can maintain a level of personal responsibility by simply being accountable for any actions taken (e.g.,

engaging in hand hygiene) while administering the necessary medications to patients. With that said, often when individuals consider personal responsibility, they view it in a negative light. However, when applied to gratitude, personal responsibility should be viewed in a more positive manner. Essentially, personal responsibility, when applied to gratitude, can help individuals recognize the significance and importance of their actions, and thus, be more receptive and open to expressions of gratitude from others. The following example highlights the previous concepts.

Health Care Professional F goes out of the way to help a patient and a fellow health care professional. After helping the patient and the fellow health care professional, Health Care Professional F takes personal responsibility for the effort, and, subsequently, recognizes the significance and importance of the actions taken to help those in need. Both the patient and the fellow health care professional express their gratitude to Health Care Professional F. Due to Health Care Professional F's ability to maintain personal responsibility, Health Care Professional F is open to the expressions of gratitude from the patient and the fellow health care professional, and, ultimately, receives their expressions of gratitude.

In the previous example, Health Care Professional F established and maintained personal responsibility. Therefore, Health Care Professional F was able to effectively take accountability for the actions taken to help those in need, while recognizing the significance and importance of the actions, which allowed the health care professional to adequately receive gratitude. That said, health care professionals should note that personal responsibility should extend to all facets of their responsibilities. Health care professionals should also note that working to maintain personal responsibility can contribute to establishing and maintaining a culture of gratitude within a health care organization.

- **Include patients in established cultures of gratitude within health care organizations** - this recommendation may also seem obvious, but it is important for health care professionals to include patients in established cultures of gratitude within health care organizations. Health care professionals should note that they can include patients in established cultures of gratitude by simply saying, "Thank you" to patients, when applicable and appropriate, and by recognizing patients' efforts regarding health care (e.g., making efforts to show up to appointments on time, adhere to medications, and engage in recommended therapies). Health care professionals should also note that including patients in established cultures of gratitude can help maintain such cultures within health care organizations.

- **Engage in and encourage participation in employee functions, retreats, and group talk sessions** - finally, health care professionals should engage in and encourage participation in employee functions, retreats, and group talk sessions (note: within the context of this course, the term group talk session may refer to a small gathering of individuals who possess a common bond, and a willingness to discuss specific topics centered around positive notions, such as peer recognition and gratitude). Employee functions, retreats, and group talk sessions may provide opportunities for health care professionals to congregate and discuss work-related issues. They can also be an opportunity for health care professionals to socialize and recognize each other for their efforts and achievements. Such socialization can perpetuate gratitude and help reinforce a culture of gratitude within a health care organization. Health care professionals should be encouraged to organize employee functions, retreats, and group talk sessions, when applicable. Health care professionals should note that employee functions, retreats, and group talk sessions do not have to be extravagant in nature, they just have to present an opportunity to health care professionals to recognize each other for their self sacrifices, health care service, and dedication to patient care.

Section 3: Summary

The third and final step to harnessing the power of gratitude is to follow related recommendations. Specific gratitude recommendations include the following: adhere to the four major ethic principles of health care; adhere to relevant scopes of practice; work to prevent medical errors from occurring; foster effective communication; engage in active listening; take a "time out," when appropriate; engage in journaling; engage in meditation; engage in physical activity; engage in yoga; work to establish and maintain a culture of gratitude within a health care organization; say "Thank you" to others, when applicable and appropriate; send a thank you email to others, when applicable and appropriate; say "You're welcome" to others, when applicable and appropriate; maintain personal responsibility; include patients in established cultures of gratitude within health care organizations; engage in and encourage participation in employee functions, retreats, and group talk sessions.

Section 3: Key Concepts

- The third step to harnessing the power of gratitude is to follow related recommendations.

Section 3: Key Terms

Patient autonomy - a patient's right to make decisions regarding his or her own personal health care, without the direct influence of a health care professional

Beneficence *(as it relates to health care)* - the obligation of the health care professional to act in the best interest of the patient

Nonmaleficence *(as it relates to health care)* - the obligation of the health care professional to act in a manner that does not cause harm to the individual patient; do no harm

Justice *(as it relates to health care)* - the fair and equitable distribution of health care resources to patients

Scope of practice - a description of services qualified health care professionals are deemed competent to perform and permitted to undertake under the terms of their professional licenses (ANA, 2020)

Medical error - a preventable adverse effect of care that may or may not be evident or causes harm to a patient (Joint Commission, 2020)

Active listening - the process in which an individual gathers information from another individual by engaging in a style of two-way communication that facilitates a clear and mutual understanding of information; the process of listening with the intent to obtain meaning

Time-out *(within the context of this course)* - a short pause in daily activities, which allows individuals an opportunity to compose themselves and gather their thoughts

Journaling - the act of keeping a journal or writing in a journal/diary

Thank you email *(within the context of this course)* - a standard email, which expresses gratitude

Group talk session *(within the context of this course)* - a small gathering of individuals who possess a common bond, and a willingness to discuss specific topics centered around positive notions, such as peer recognition and gratitude

Section 3: Personal Reflection Question

How can health care professionals use the above recommendations to harness the power of gratitude?

Case Study: Gratitude

A gratitude-related case study is presented below to review the concepts found in this course. A case study review will follow the case study. The case study review includes the types of questions health care professionals should ask themselves when considering gratitude and how it relates to the administration of health care. Additionally, reflection questions will be posed, within the case study review, to encourage further internal debate and consideration regarding the presented case study and gratitude.

Case Study

In recent months, a health care facility has experienced an influx in patients. Due to the influx in patients, Health Care Manager A asks Health Care Professional G to stay late in order to help out with patient care. Health Care Professional G agrees and works past the end of the scheduled shift. Health Care Manager A does not recognize Health Care Professional G for the effort. Over the next few weeks, Health Care Professional G is often asked by Health Care Manager A to come in early, stay late, and work on scheduled days off to help with the increasing patient population and to cover for other health care professionals who are unable to report to work. Health Care Professional G complies with Health Care Manager A's requests - however, Health Care Professional G never receives any recognition for the continued effort.

As time progresses, Health Care Professional G continues to work overtime and fill in where needed. Health Care Professional G also works diligently to prevent medical errors from occurring. On one occasion, Health Care Professional G reviews a warfarin patient's international normalized ratio (INR) results and observes the patient's latest INR is above the desired therapeutic range of 2 - 3. Health Care Professional G notifies the patient's physician, and the patient's next warfarin dose is held, potentially preventing a medical error from occurring. The patient's physician is grateful and thanks Health Care Professional G. Health Care Professional G openly receives the physician's expression of gratitude and acknowledges it by saying, "You're welcome." The patient's physician also notifies Health Care Manager A about Health Care Professional G's effort

to prevent a medical error - however, Health Care Manager A does not acknowledge Health Care Professional G's efforts in any way.

Over the next few weeks, Health Care Professional G continues to put in extra hours and work through many scheduled breaks, all while receiving no recognition from Health Care Manager A. Eventually, Health Care Professional G begins to feel tense, slightly irritable, and begins to have trouble making decisions. Health Care Professional G also starts to feel exhausted and distant from work. Moreover, Health Care Professional G begins to feel negativity towards work and Health Care Manager A.

In the next few days, the relationship between Health Care Professional G and Health Care Manager A begins to deteriorate. Health Care Professional G's negativity towards Health Care Manager A increases and Health Care Professional G begins to refuse any request to work extra hours. Tense, exhausted, and feeling undervalued, Health Care Professional G begins to look for new employment opportunities.

Case Study Review

What case details may be relevant to gratitude?

The following case details may be relevant to gratitude: in recent months a health care facility has experienced an influx in patients; Health Care Professional G is often asked by Health Care Manager A to come in early, stay late, and work on scheduled days off to help with the increasing patient population and to cover for other health care professionals who are unable to report to work; Health Care Professional G complies with Health Care Manager A's requests - however, Health Care Professional G never receives any recognition for the continued effort; Health Care Professional G continues to work overtime and fill in where needed; Health Care Professional G works diligently to prevent medical errors from occurring; Health Care Professional G reviews a warfarin patient's INR results and observes the patient's latest INR is above the desired therapeutic range of 2 - 3; Health Care Professional G notifies the patient's physician, and the patient's next warfarin dose is held, potentially preventing a medical error from occurring; Health Care Professional G openly receives the physician's expression of gratitude and acknowledges it by saying, "You're welcome;" Health Care Manager A does not acknowledge Health Care Professional G's efforts regarding the patient's warfarin in any way; Health Care Professional G begins to feel tense, slightly irritable, and begins to have trouble making decisions; Health Care Professional G also starts to feel exhausted and distant from work; Health Care Professional G begins to feel negativity towards work and Health Care Manager A; the relationship between Health Care Professional G and

Health Care Manager A begins to deteriorate; Health Care Professional G's negativity towards Health Care Manager A increases and Health Care Professional G begins to refuse any request to work extra hours; Health Care Professional G begins to look for new employment opportunities.

Are there any other case details that may be relevant to gratitude; if so, what are they?

How are each of the aforementioned case details relevant to gratitude?

Each of the previously highlighted case details may be potentially relevant to gratitude. The potential relevance of each case detail may be found below.

<u>In recent months, a health care facility has experienced an influx in patients</u> - the previous case detail is potentially relevant because it builds context for Health Care Professional G's efforts and gratitude.

<u>Health Care Professional G is often asked by Health Care Manager A to come in early, stay late, and work on scheduled days off to help with the increasing patient population and to cover for other health care professionals who are unable to report to work</u> - the previous case detail is potentially relevant because it builds context for gratitude.

<u>Health Care Professional G complies with Health Care Manager A's requests - however, Health Care Professional G never receives any recognition for the continued effort</u> - the previous case detail is potentially relevant because it builds further context for gratitude. The previous case detail is also potentially relevant because it highlights the lack of gratitude from Health Care Manager A. Furthermore, the aforementioned detail is relevant because it may be evidence that Health Care Manager A is not working to establish and maintain a culture of gratitude within the health care organization. Health care professionals should note the following: a culture of gratitude is paramount to gratitude in the workplace; a culture of gratitude is one where expressions of gratitude are freely exchanged among individuals; the key to a culture of gratitude is acknowledgement. Health care professionals should also note that acknowledgement, as it relates to establishing and maintaining a culture of gratitude within a health care organization, can include the following three essential elements: recognize other health care professionals who adhere to the four major ethic principles of health care, meet their job requirements, and promote the administration of safe and effective health care; recognize other health care professionals who go above and beyond their duties and responsibilities as health care professionals; recognize and accept expressions of gratitude when they are offered.

<u>Health Care Professional G continues to work overtime and fill in where needed</u> - the previous case detail is potentially relevant because it builds additional context for gratitude.

<u>Health Care Professional G works diligently to prevent medical errors from occurring</u> - the previous case detail is potentially relevant because it shows that Health Care Professional G is meeting, and possibly exceeding, the responsibilities and duties of a health care professional. Health care professionals should note the following: health care professionals can work to obtain gratitude from both patients and fellow health care professionals by working to prevent medical errors from occurring; the term medical error may refer to a preventable adverse effect of care that may or may not be evident or causes harm to a patient (Joint Commission, 2020).

<u>Health Care Professional G reviews a warfarin patient's INR results and observes the patient's latest INR is above the desired therapeutic range of 2 - 3</u> - the aforementioned case detail is relevant because it may be further evidence that Health Care Professional G is meeting, and possibly exceeding, the responsibilities and duties of a health care professional. The previous case detail is also potentially relevant because it shows Health Care Professional G's efforts to prevent a medical error from occurring. Health care professionals should note that they can prevent medical errors from occurring by the following methods: use at least two patient identifiers when providing care, treatment, and services (note: acceptable patient identifiers may be an individual's name, an assigned identification number, telephone number, or other person-specific identifier); verify all medication or solution labels both verbally and visually; review and report critical results of tests and diagnostic procedures on a timely basis; monitor anticoagulation therapy; practice effective hand hygiene (note: hand hygiene may refer to the process of cleaning hands in order to prevent contamination and/or infections) (Joint Commission, 2020). Health care professionals should also note the following: medical errors can occur in virtually all stages of diagnosis and treatment; health care professionals should continuously work to prevent medical errors from occurring.

<u>Health Care Professional G notifies the patient's physician, and the patient's next warfarin dose is held, potentially preventing a medical error from occurring</u> - the aforementioned case detail is relevant because it highlights the significance of Health Care Professional G's actions regarding the patient's anticoagulation therapy and medical error prevention. Health care professionals should note the following: anticoagulation therapy can be used as therapeutic treatment for several conditions, the most common of which are atrial fibrillation, deep vein thrombosis, pulmonary

embolism, and mechanical heart valve implant; anticoagulant medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance; to achieve better patient outcomes, health care professionals should monitor anticoagulation therapy; patient education is another vital component of an anticoagulation therapy program; effective anticoagulation education includes face-to-face interaction with a trained professional who works closely with patients to be sure that they understand the risks involved with anticoagulation therapy and the precautions they need to take; the use of standardized practices for anticoagulation therapy that include patient involvement can reduce the risk of adverse drug events associated with heparin (unfractionated), low molecular weight heparin, warfarin, and direct oral anticoagulants (Joint Commission, 2020).

Health Care Professional G openly receives the physician's expression of gratitude and acknowledges it by saying, "You're welcome" - the previous case detail is potentially relevant because it shows that Health Care Professional G is capable of adequately receiving expressions of gratitude. Health care professionals should note that the act of adequately receiving expressions of gratitude is vital to the gratitude process. Health care professionals should also note the following: individuals should say "You're welcome" to others, when applicable and appropriate; much like with saying, "Thank you," the act of saying, "You're welcome" is often overlooked and undervalued in fast paced work environments such as health care facilities; the act of saying, "You're welcome" to another individual can be an effective and efficient way to receive expressions of gratitude; the act of saying, "You're welcome," on a regular basis, to fellow health care professionals, peers, and colleagues can contribute to establishing and maintaining a culture of gratitude within a health care organization.

Health Care Manager A does not acknowledge Health Care Professional G's efforts regarding the patient's warfarin in any way - the previous case detail is potentially relevant because it further highlights the lack of gratitude from Health Care Manager A. The aforementioned detail is also relevant because it may provide additional evidence that Health Care Manager A is not working to establish and maintain a culture of gratitude within the health care organization.

Health Care Professional G begins to feel tense, slightly irritable, and begins to have trouble making decisions - the aforementioned case detail is relevant because it may represent signs/symptoms of stress. Health care professionals should note the following signs/symptoms of stress: disbelief and shock, tension and irritability, fear and anxiety about the future, difficulty making decisions, feeling numb, loss of interest in normal

activities, loss of appetite, nightmares, recurring thoughts about an event, anger, increased use of alcohol and drugs, sadness and other symptoms of depression, feeling powerless, crying, sleep problems, headaches, back pains, stomach problems, and trouble concentrating (CDC, 2020). Health care professionals should also note the following: gratitude can potentially help limit and prevent stress; gratitude's impact on stress is related to its effects on optimism, empathy, and self-esteem; gratitude can improve optimism, empathy, and self-esteem, which in turn can reduce and prevent stress (i.e., when individuals have increased levels of optimism, empathy, and self-esteem they experience less stress); gratitude's impact on stress can also be related to its effects on the brain.

Health Care Professional G also starts to feel exhausted and distant from work - the aforementioned case detail is relevant because it may represent characteristics of burn-out. Burn-out may refer to a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed (WHO, 2019). Health care professionals should note that burn-out is characterized by the following three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy (WHO, 2019).

Health Care Professional G begins to feel negativity towards work and Health Care Manager A - the aforementioned case detail is relevant because it may represent further characteristics of burn-out.

The relationship between Health Care Professional G and Health Care Manager A begins to deteriorate - the aforementioned case detail is relevant because it may represent an effect of the lack of gratitude from Health Care Manager A. Evidence suggests that gratitude can impact interpersonal relationships. Essentially, gratitude can help individuals create interpersonal bonds, which in turn can foster individuals' ability to forge and improve upon personal and professional relationships. That being said, on the other hand, a lack of gratitude may negatively impact interpersonal relationships, especially in workplace settings. In other words, a lack of gratitude, particularly in situations where gratitude is warranted, may splinter interpersonal relationships and break the interpersonal bonds required to maintain effective professional relationships. Health care professionals should note that a lack of gratitude on a consistent basis may permanently damage and/or destroy interpersonal relationships in and out of the workplace.

Health Care Professional G's negativity towards Health Care Manager A increases and Health Care Professional G begins to refuse any request to work extra hours - the aforementioned case detail is relevant because it may represent additional effects of the lack of gratitude from Health Care Manager A. Health care professionals should note that, at times, an individual's internal negativity towards another individual may reveal itself through specific acts. For example, Health Care Professional G begins to refuse any request to work extra hours because of the negative feelings Health Care Professional G has towards Health Care Manager A. Health care professionals should note and be aware of any changes in individuals' behavior that may be viewed as negative because it may indicate the individual has negative internal feelings about another individual or situation. Health care professionals should also note that gratitude and a culture of gratitude within a health care organization can limit negativity and promote positive behavior through acknowledgment, recognition, and expressions of gratitude.

Health Care Professional G begins to look for new employment opportunities - the aforementioned case detail is relevant because it may represent the ultimate effect of the lack of gratitude from Health Care Manager A. Health care professionals, managers, and administrators should note that a consistent lack of gratitude may, directly or indirectly, lead to employee turnover. Health care professionals, managers, and administrators should also note that a culture of gratitude within a health care organization can help reduce and prevent employee turnover.

What other ways, if any, are the previous case details relevant to gratitude?

How could have Health Care Manager A expressed gratitude to Health Care Professional G?

Health Care Manager A could have expressed gratitude to Health Care Professional G in a variety of different ways including the following: simply saying, "Thank you" to Health Care Professional G; pointing out what Health Care Professional G did and then thanking Health Care Professional G for it (e.g., I noticed you stayed late yesterday to speak to patients about their medications, thank you); work to recognize Health Care Professional G in any formal, internal channel that highlights specific individuals and what they did to receive recognition and acknowledgement (e.g., an internal, monthly health care organizational bulletin that highlights employees who positively contributed to the health care organization).

Are there any other ways Health Care Manager A could have expressed gratitude to Health Care Professional G; if so, what are they?

Could the outcome of the case study been different if Health Care Manager A effectively expressed gratitude to Health Care Professional G?

It is very possible that that outcome of the case study (i.e., Health Care Professional G begins to look for new employment opportunities) could have been different if Health Care Manager A effectively expressed gratitude to Health Care Professional G. An example of how the outcome of the case study could have been different may be found below.

Example: Due to an influx in patients, Health Care Manager A asks Health Care Professional G to stay late in order to help out with patient care. Health Care Professional G agrees and works past the end of the scheduled shift. Health Care Manager A recognizes Health Care Professional G for the effort and says "Thank you." Health Care Professional G openly receives Health Care Manager A's expression of gratitude and acknowledges it by saying, "You're welcome." Over the next few weeks, Health Care Professional G is often asked by Health Care Manager A to come in early, stay late, and work on scheduled days off to help with the increasing patient population and to cover for other health care professionals who are unable to report to work. Health Care Professional G complies with Health Care Manager A's requests. Health Care Manager A recognizes Health Care Professional G for the effort and says "Thank you." Health Care Professional G openly receives Health Care Manager A's expression of gratitude and acknowledges it by saying, "You're welcome."

As time progresses, Health Care Professional G continues to work overtime and fill in where needed. Health Care Professional G also works diligently to prevent medical errors from occurring. On one occasion, Health Care Professional G reviews a warfarin patient's INR results and observes the patient's latest INR is above the desired therapeutic range of 2 - 3. Health Care Professional G notifies the patient's physician, and the patient's next warfarin dose is held, potentially preventing a medical error from occurring. The patient's physician is grateful and thanks Health Care Professional G. Health Care Professional G openly receives the physician's expression of gratitude and acknowledges it by saying, "You're welcome." The patient's physician also notifies Health Care Manager A about Health Care Professional G's effort to prevent a medical error. Health Care Manager A recognizes Health Care Professional G for the effort and says "Thank you." Health Care Manager A also recognizes Health Care Professional G's effort for working extra hours and working diligently to prevent medical errors from occurring formally by including Health Care Professional G's name and contribution within an internal bulletin, which recognizes excellence. Health Care Professional G is very

appreciative of the inclusion in the bulletin, and openly thanks Health Care Manager A for the acknowledgment and recognition.

Over the next few weeks, Health Care Professional G continues to put in extra hours. Eventually, Health Care Professional G begins to feel like a break is required. Due to the positive relationship that exists between Health Care Manager A and Health Care Professional G, which has been recently improved and strengthened as a result of gratitude, Health Care Professional G feels comfortable enough to express the need for a break to Health Care Manager A. Health Care Manager A acknowledges that Health Care Professional G has been putting in many extra hours, and allows Health Care Professional G take a few days off. Health Care Professional G says "Thank you" to Health Care Manager A for the much needed time off and Health Care Manager A replies by saying, "You're welcome." In a few days Health Care Professional G returns to the health care facility refreshed, rejuvenated, and ready to work.

What other potential outcomes may result from effective gratitude?

Conclusion

Gratitude can be powerful - meaning it can lead to personal, professional, and health benefits that can potentially improve the well-being of all those who can harness its power. Individuals can harness the power of gratitude by completing the following three key steps: obtain insight into gratitude and the personal and professional benefits of gratitude; gain insight into the potential health benefits of gratitude and how to maximize such benefits; and follow gratitude recommendations.

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